

FILED MAR 7 5 1946
Registration District No. _____

Primary Registration District No. 6078

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Spruce, Mo. Deepwater Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Deepwater Twp. Butler Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLAY S. CUMPTON

3. (b) If veteran, name war X
3. (c) Social Security No. 494-16-4837

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Ada Cumpton
6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Feb. 6 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 25 hr. min.

9. Birthplace Bates Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name John Cumpton

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Angeline Hedrick

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Cumpton

(b) Address RFD Butler Missouri

17. (a) Burial (b) Date thereof 2/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Radford Cemetery

18. (a) Signature of funeral director Booth Funeral Home

(b) Address Butler Missouri

19. (a) 2-2-46 (b) Handall Kersey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1
year 1946 hour 10 minute A M.

21. I hereby certify that I attended the deceased from 2:18
June 1, 45, 1945, to Feb. 1, 46, 1946.
that I last saw him alive on Feb. 1, 46, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work? _____ Means of injury _____

23. Signature R. M. Rice (M. D. or other)

Address Butler Mo Date signed 2/2/46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *John G. Anderson*
Licensed Embalmer No. 3585
P. O. Address Butler Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.