No. 2
-1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24129

Registrar's No. 2896

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1425 Lydia Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 46 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 1425 Lydia Ave. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Anna Mae Compton
3. (b) If veteran, name war: No
3. (c) Social Security No.: 487-26-6922
4. Sex: Female 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Charlie Compton
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: October 14, 1900 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
46	8	21	..... hr. ..... min.

9. Birthplace: Kansas City, Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation: Maid
11. Industry or business .....
MOTHER FATHER
12. Name: John Wesley
13. Birthplace: Oklahoma (City, town, or county) (State or foreign country)
14. Maiden name: Jeanetta Hughes
15. Birthplace: Lexington, Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant: Lena Lewis
(b) Address: 2005 Brooklyn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery
18. (a) Signature of funeral director: Watkins Bros.
(b) Address: 1729 Lydia Ave.
19. (a) 7-8-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1947 hour 4 minute P M.

21. I hereby certify that I attended the deceased from June 28, 1947 to July 5, 1947 that I last saw him alive on July 5, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Heart Prostration	8 days

Major findings:
Of operation: 0
Of autopsy: 0

PHYSICIAN — Underline the cause of 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? (e) Means of injury: 0

23. Signature: D M Miller (M. D. or other)
Address: 1816 Wine Date signed: 7-7-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1962

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 Jerome Menlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.