S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1021

FILED FEB 3 1948

Registration District No. 1049

Primary Registration District No. 1002

Registrar's No. 264

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: Krestwood Convalesent Home 4
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution: 5 months (Specify whether
In this community: 2 years
years, months or days)

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.: 1935 Norton 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: CHARLES COMPTON
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Mary Compton (Deceased
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 27 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
84	5	22	hr. min.

9. Birthplace: South Dakota
(City, town, or county) (State or foreign country)
10. Usual occupation: Retired Railroad conductor
11. Industry or business: Burlington Railroad
MOTHER FATHER
12. Name: Unknown ?
13. Birthplace: Unknown
(City, town, or county) (State or foreign country)
14. Maiden name: Unknown ?
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant: Ralph Compton
(b) Address: 518½ West 14th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 22, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mound City, Missouri
18. (a) Signature of funeral director: Wilks Funeral Home
(b) Address: 2315 Linwood K. C. 3 Mo
19. (a) 1-20-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 19
year: 1948 hour: 8 minute: 35 P. M.
21. I hereby certify that I attended the deceased from Dec 21, 1947 to Jan 19, 1948, that I last saw him alive on Jan 19, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Circulatory failure	2 Days
Due to: Generalized Arteriosclerosis & Arteriosclerotic Heart Disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: a3d	
Of autopsy:	

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: J. H. Bennett (M. D. or other) MD
Address: 822 Argyle Bldg Date signed: 1-20-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Bennett
822 Argyle Bldg.
Ha 5488

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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address K.C. Mo

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.