

No. 2  
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17-38

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAR 13 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5219

State File No.

Primary Registration District No. 5569

Registrar's No. 283

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2625 Blue Ridge Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 years (Specify whether  
In this community 2 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME RALPH B. COMPTON  
3. (b) If veteran, name war No 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Letah Mae Compton 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased June 23 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 7 9 hr. min

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

10. Usual occupation Merchant--Poultry

11. Industry or business

12. Name Zekial Compton  
13. Birthplace No Record  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Baldwin  
15. Birthplace No record  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Letah Mae Compton  
(b) Address 2625 Blue Ridge Road

17. (a) Removal (b) Date thereof 2/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Mo

18. (a) Signature of funeral director W. B. Robin  
(b) Address 20 West Linwood

19. (c) 2/4/48 (b) W. B. Robin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2625 Blue Ridge Road  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day Feb  
year 1948 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 19, 1948, to Feb 2, 1948;  
that I last saw h. alive on Feb 2, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pneumonia

Due to acute pneumonia

Due to primarily of natural causes

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

Major findings:  
Of operations 9/4

Of autopsy no  
History of pneumonia

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

23. Signature J. M. Walker (M. D. or other)  
Address 404 N. 1st St. Date signed 2-3-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

APR 28 1948

NOV 19 1951

NOV 17 1948

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

*Howard W. Farmer*

Licensed Embalmer No. *4134*

P. O. Address *Kansas City 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. March

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 283

## 1. PLACE OF DEATH:

- (a) County Jackson  
 (b) City or town RURAL BLUE  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2625 Blue Ridge Road  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

## 3. (a) PRINT FULL NAME

Ralph B Compton

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased June 23 1909  
(Month) (Day) (Year)8. AGE: Years 50 Months 7 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
 14. Maiden name \_\_\_\_\_  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
 (b) Address \_\_\_\_\_  
 17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address \_\_\_\_\_

19. (a) 2-4-48 (b) Mildred J. Gordon  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_ (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 \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

S-5219 1948