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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1947
Registration District No. 516

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39361
State File No.

Primary Registration District No. 6074
Registrar's No. 385

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

1. PLACE OF DEATH:
(a) County ST. FRANCOIS
(b) City or town FRANKCLAY Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(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) 80 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County ST FRANCOIS
(c) City or town FRANK CLAY
(If outside city or town limits, write "RURAL")
(d) Street No. NONE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME Lucy JANE COMPTON
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife WILLIAM HENRY COMPTON
6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL (Month) 4 (Day) 1867 (Year)

8. AGE: Years 80 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace BELGRADE (City, town, or county) MO (State or foreign country)
10. Usual occupation NONE
11. Industry or business NONE

MOTHER FATHER
12. Name JOHN WRIGHT
13. Birthplace UNKNOWN (City, town, or county) TENN. (State or foreign country)
14. Maiden name PRISCILLA JARVIS
15. Birthplace UNKNOWN (City, town, or county) MO. (State or foreign country)

16. (a) Informant Mrs. Dean Forbes
(b) Address Frankclay Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation Leadwood Mo
18. (a) Signature of funeral director Bert L. Boyer
(b) Address Leadwood Mo
19. (a) 12-3-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9
year 1947 hour 10 minute 20 A.M.
21. I hereby certify that I attended the deceased from Augus 92, 1947 Nov. 8, 1947
that I last saw her alive on Nov 8, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 days
Due to Hypertensive cardio vascular renal disease	not known
Due to	
Other conditions Fracture Left Femur (Include pregnancy within 3 months of death) Diabetes Mellitus	3 wks

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
PHYSICIAN
Underline any conditions which death should be charged statistically.

22. If death was due to external causes, fill in the following: V
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence 9-f
(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) (e) Means of injury

23. Signature John W Lynch Jr M.D. (M. D. or other)
Address Leadwood Date signed 11/10/47

(Licensed Embalmer's Statement on Reverse Side)

MAY 27 1949

RECEIVED
District Health Officer No. 4
District File Number 1242-15
Date Filed 12-8-49

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 Bert L. Boyer

Licensed Embalmer No. 3464

P. O. Address Goodwood Mo

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

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

S. No. 2B
M—3-45
I. X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 376 Primary Registration District No. 6074 Registrar's No. 385

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Farmington
(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
years, months or days)

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

3. (a) PRINT FULL NAME Lucy J. Compton
3. (b) If veteran, name war
3. (c) Social Security No.

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

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive, (Years)

7. Birth date of deceased April 4 (Month) (Day) (Year)

8. AGE: Years 80 | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or Business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

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

19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h 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 Oct 13 1947
(c) Where did injury occur? Bramley St Francois Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell out of bed at home (Specify type of place)
While at work? (e) Means of injury

23. Signature John W Hunt MD (M. D. or other)
Address Fredwood Mo Date signed 12-8

John W. Hurst Jr.
MD

Leadwood

39321