

S. No. 2  
M-8-13  
5-17-39  
KX37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38838

Registration District No. 187

Primary Registration District No. 4293

Registrar's No.

1. PLACE OF DEATH:  
(a) County Lincoln  
(b) City or town Elsberry  
(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  
In this community years, months or days

3. (a) PRINT FULL NAME CHARLIE FRANKLIN THOMPSON  
3. (b) If veteran, name war  
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 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased Aug 1 1864 (Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 8 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER, FATHER { 12. Name Martin J. Thompson  
13. Birthplace Kentucky  
14. Maiden name Lillian Powers  
15. Birthplace Missouri

16. (a) Informant Mrs Palmer Benar  
(b) Address Elsberry, Mo

17. (a) Burial (b) Date thereof 9/11/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millers Cem

18. (a) Signature of funeral director Clifton Miller

(b) Address Elsberry, Mo

19. (a) 9/16/47 (b) Mrs T. A. Dwyer  
(Date received local registrar) (Registrar's signature) 1/4

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lincoln  
(c) City or town Elsberry, 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 9  
year 1947 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from  
19 to SEPT 7, 1947;  
that I last saw him alive on SEPT 7, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
CACHEXIA Duration 6 mo

Due to CARCINOMATOSIS OR SARCOMATOSIS METASTATIC GEN. 2 yrs.

Due to SAME OF LT. LOWER LEG (AMPUTATED) 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 55E  
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) (e) Means of injury

23. Signature E. Dwyer (M. D. or other) med

Address Elsberry, Mo Date signed 9/19/47

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed  
OCT 19 1947

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 9/9/47  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Clifton Miller  
Licensed Embalmer No. 3368  
P. O. Address Elsberry, Md

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.