

Registration District No. 11 1942

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: Springfield, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
533 E. Harrison /  
(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: Several Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 533 E. Harrison  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Albert Dotsy Thorp

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22  
year 1942 hour 7 minute 25 A. M.

21. I hereby certify that I attended the deceased from 12-11  
1942 to 12-22 1942  
that I last saw him alive on 12-17 1942  
and that death occurred on the date and hour stated above.

4. Sex: Male

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Deceased Unknown

6. (c) Age of husband or wife if alive: Dec. years

7. Birth date of deceased: May 19 1876  
(Month) (Day) (Year)

Immediate cause of death:  
Carcinoma of Left Buccal Cavity & Lung and others

Due to: 1 year

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

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>7</u>	<u>3</u>	_____ hr. _____ min.

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.

9. Birthplace: Des Moines Iowa /  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farmer

12. Name: W m. Henry Thorp

13. Birthplace: Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name: Anna E. Franklin

15. Birthplace: Unknown Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Kathryn Struple  
(b) Address: 533 E. Harrison Springfield Mo

17. (a) Burial (b) Date thereof: 12-24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Maple Park

18. (a) Signature of funeral director: Dunn Funeral Home  
(b) Address: 629 W. Walnut Springfield

19. (a) 12-23-42 (b) J W H Handley  
(Date received local registrar) (Registrar's signature)

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: O E Feller (M. D. or other) \_\_\_\_\_  
Address: Springfield Mo Date signed: 12/23/42

**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.....

*Embalmed*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Frank Grable Jr.*

Licensed Embalmer No.....

*5130*

P. O. Address.....

*Springfield, Me*

**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.**

*X*