

**FILED MAY 5 1945**

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

Primary Registration District No. 3004

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Barton  
 (b) City or town Lamar  
(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 years, months or days)  
 In this community: 62 years

3. (a) PRINT FULL NAME FRANK M. THORPE

3. (b) If veteran, name war Spanish American 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 Clara N. Thorpe 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased November 3 1945  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>5</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation Wire Novelty Mfg.

11. Industry or business F. M. Thorpe Mfg. Co.

MOTHER FATHER { 12. Name John W. Thorpe

13. Birthplace Baltimore, Maryland  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah

15. Birthplace Zanesville, Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Thorpe

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof Apr 23 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 4-20-45 (b) Martha River  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
 (c) City or town Lamar  
(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 April day 20  
 year 1945 hour 1942 minute 31 A. M.

21. I hereby certify that I attended the deceased from May 1  
1945 to April 20, 1945  
 that I last saw him alive on April 20, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Prostate cancer

Due to \_\_\_\_\_  
2 year

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

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

Major findings: \_\_\_\_\_  
 Of operations 5/1/45

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

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 D. Guldner (M. D. or other) \_\_\_\_\_

Address Lamar Date signed 4-20 45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6;

District File Number 545-512

Date Filed MAY 2 1945

MAY 8 1945

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 Carl H. Kowitz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.