. S. No. 2
DM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 18 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27501

Registration District No. 12 Primary Registration District No. 5494 Registrar's No.

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Rural Madison Twp.
(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 All life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison 41
(c) City or town 4 miles N. W. of Cainsville Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Manford Thompson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Daisy Pearl Thompson
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased February (Month) 14th (Day) 1874 (Year)

8. AGE: Years 73 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Harrison County, Missouri. 6
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Robert Thompson /
13. Birthplace Ohio /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Jane Alexander
15. Birthplace Indiana /
(City, town, or county) (State or foreign country)
16. (a) Informant Daisy Pearl Thompson
(b) Address Cainsville, Mo.
17. (a) Burial (b) Date thereof July 19 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zoar Cemetery, Cainsville
18. (a) Signature of funeral director E. J. Stoklasa
(b) Address Cainsville, Missouri.
19. (a) Aug 7-47 (b) S. Pha Shaw 1/7
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th
year 1947 hour 6 minute -----A M.
21. I hereby certify that I attended the deceased from July 1 1947, to July 17 1947;
that I last saw him alive on July 16 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate, Embolism of Removal arteries

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature D. S. Duff (M. D. ~~or other~~)
Address Cainsville, Missouri. Date signed 7/18/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Eddie J. Stoklasa, Registered Apprentice No. ....., working under my personal supervision.

Signed E. J. Stoklasa

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.