No. 300
-10-47
-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 9 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5466

State File No. 36237

Registrar's No. 1036

**1. PLACE OF DEATH:**

(a) County GREENE

(b) City or town S. Campbell Twp. RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Medical Center for Federal Prisoners ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yr, 10 mos, 11 days (Specify whether
In this community 2 yr, 10 mos, 11 days
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Maryland (b) County Talbot 997

(c) City or town Easton 10
(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)

If yes, name country

3. (a) PRINT FULL NAME Sidney J.O. THOMPSON #4600-H

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 Pearl (Comer) Thompson

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased January (Month) 22 (Day) 1911 (Year)

8. AGE: Years 37 Months 10 Days 4 If less than one day hr. min.

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

10. Usual occupation Radio tech., laborer, etc.

11. Industry or business

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

MOTHER
14. Maiden name Ethel Davy
15. Birthplace Cambridge-? (City, town, or county) Maryland (State or foreign country)

16. (a) Informant File
(b) Address MCFP

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2-48 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Fred C. Thieme
(b) Address 1200 Boonville St.

19. (a) 12-2-48 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 26 year 1948 hour 11 minute 50 P. M.

21. I hereby certify that the medical staff attended the deceased from January 15, 1946, to November 26, 1948 that they last saw him alive on November 26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Abscess of lung and pneumonitis from pulmonary moniliasis.

Due to Fibrosis, pulmonary, severe, due to late effects of Roentgen ray therapy.

Other conditions Emphysema, compensatory.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same as listed under cause of death.

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature E C Rusk (M. D.)

Address Medical Center Fed. Pris. Springfield, Missouri Date signed 11/30/48

(Licensed Embalmer's Statement on Reverse Side)

## 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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, Mo.

**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.**