S. No. 2
M—5-42
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1944

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7226

Primary Registration District No. 2000

Registrar's No. 160

1. PLACE OF DEATH:

(a) County: Greene

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

(c) Name of hospital or institution: 1125 S. National (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: 1½ years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 1125 S. National (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Daisy May Shoreack

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

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Unk.

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

7. Birth date of deceased: Dec. (Month) 2 (Day) 1885 (Year)

8. AGE: Years 58 | Months 2 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace: West Salem (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Home

11. Industry or business: .....

FATHER

12. Name: Romelus Nading

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

MOTHER

14. Maiden name: Anna Cantrell

15. Birthplace: Unk. (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant: Mrs. Ann Cassie

(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 17, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Maple Park

18. (a) Signature of funeral director: H. H. Lohmeyer

(b) Address: Springfield, Mo.

19. (a) 2-17-44 (Date received local registrar) (b) S. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15 year 1944 hour 7:00 minute a. M.

21. I hereby certify that I attended the deceased from 1 Feb, 1944, to 15 Feb, 1944; that I last saw h. alive on 9 Feb, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized metastases	12 mos
Due to: Carcinoma breast	
Due to: —	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations: —	
Of autopsy: —	

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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: —

23. Signature: H. P. Hampton (M. D. or other)

Address: O'Reilly Funeral Home, Springfield, Mo. Date signed: 17 Feb 44

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(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 Walter E Daniella

Licensed Embalmer No. 3808

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.