

State File No. \_\_\_\_\_

Registrar's No. 381

LED JUN 3 1943

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

Primary Registration District No. 2000

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 1213 E. Thomas  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 2 months years, months or days)

3. (a) PRINT FULL NAME Maudie E. Sheridan

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife L. E. Sheridan 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 1 1884  
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Red Top Mo. O  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business  
MOTHER FATHER { 12. Name Robert M. Smith  
13. Birthplace Unknown Unknown?  
(City, town, or county) (State or foreign country)  
14. Maiden name Laura Hoover  
15. Birthplace Unknown Unknown?  
(City, town, or county) (State or foreign country)

16. (a) Informant L. E. Sheridan  
(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof 5-11-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Top Mo.

18. (a) Signature of funeral director L. B. Jones  
(b) Address Buffalo Mo.

19. (a) 5-10-43 (b) S. W. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39  
(c) City or town Springfield 012  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1513 E. Thomas 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 9  
year 1943 hour 8 minute 10 a. M.

21. I hereby certify that I attended the deceased from Apr. 15 1943 to May 9 1943  
that I last saw her alive on May 9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma metastases to lungs & other organs  
Due to Primary: in left breast 2 yrs  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 50

Major findings: Of operations \_\_\_\_\_  
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) (a) Means of injury \_\_\_\_\_  
23. Signature Arthur D. Huff (M. D. or other) M.D.  
Address 410 1/2 E. Carol St Date signed 5/10/43

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

926

984

**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.....

*Blyde Montgomery*

Licensed Embalmer No..... *3592*

P. O. Address..... *Buffalo, 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.**

*4*