

metastatic
15499

FILED MAY 11 1944

Registration District No. _____

Primary Registration District No. ~~3004~~ 595B

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Rural, Buffalo Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mar. Louisiana mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 (Specify whether
In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82
(c) City or town Rural 3
(If outside city or town limits, write "RURAL") 3
(d) Street No. Mar. Louisiana (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mary Francis Nazera

3. (b) If veteran, name war No 3. (c) Social Security No. 70

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dred Nazera sr. 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Sept 4 1887 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 7 25 hr. min.

9. Birthplace Hudlinech Bohemia (City, town, or county) (State or foreign county)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER
12. Name Joseph Cesula
13. Birthplace Bohemia (City, town, or county) (State or foreign county)
14. Maiden name Mary Stuntach
15. Birthplace Bohemia (City, town, or county) (State or foreign county)

16. (a) Informant Dred Nazera sr.

(b) Address Louisiana Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana Mo.

18. (a) Signature of funeral director Garner + Stouff

(b) Address Louisiana Mo.

19. (a) 4-28-44 (Date received local registrar) (b) J. H. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day April
year 1944 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from 4-13-44
_____, 19____, to _____, 19____;

that I last saw her alive on 4-7- _____, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Metastatic carcinoma

Due to Carcinoma of Breast (right)
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Ca. of Breast 50
Of operations 8-19-042
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(c) Where did injury occur? none (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) (e) Means of injury 0

23. Signature J. H. ... (M. D. or other)
Address Louisiana Mo. Date signed 4-28-44

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. 10

District File Number 5-44-936

Date Filed MAY 10 1944

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 J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.