S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41291

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1095

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: Home 700 S. Hampton St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Six Month years, months or days)

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. 700 So Hampton (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Louise Zbranek
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 Married
6. (b) Name of husband or wife Ladislaus J. Zbranek
6. (c) Age of husband or wife if alive forty five years
7. Birth date of deceased March (Month) 17 (Day) 1898 (Year)

8. AGE: Years 47 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Neosho (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name John McKnight
13. Birthplace Shannon Bridge Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Evadna Leek ~~McKnight~~
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant L. Zbranek
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Neosho Mo.
18. (a) Signature of funeral director Lee Bigham Mortuary
(b) Address Neosho Missouri
19. (a) 1-2-46 (Date received local registrar) (b) D W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1945 hour 3 minute 50 A.M.
21. I hereby certify that I attended the deceased from Sept 1, 1945, to Dec 30, 1945 that I last saw her alive on Dec 30, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Adeno-Carcinoma	
Due to Adeno Carcinoma of Right Ovary	9 Months
Due to	
Other conditions (Include pregnancy within 3 months of death) 49a	

Major findings:
Of operations Apr 19 1945 - Exploratory Adeno Carcinoma Rt ovary c Generalized Metastasis
Of autopsy

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 [signature] M.D. (M. D. or other) M.D.
Address 511 Holland Bldg Springfield Mo. Date signed 1-2-46

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.