No. 2
1-10-39
-17-39
X21492

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

FILED MAY 26 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14725

State File No.

Registration District No. 384 Primary Registration District No. 4227 Registrar's No.

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yrs / (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell
(c) City or town West Plains Mo
(If outside city or town limits write "RURAL")
(d) Street No. E. Cleveland
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Mary Catherine Dukes
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Dec-14-1934 (Month) (Day) (Year)

8. AGE: Years 6 | Months 3 | Days 17 | If less than one day hr. min.

9. Birthplace Oklahoma City, Okla. (City, town, or county) (State or foreign country)
10. Usual occupation Child
11. Industry or business ✓
MOTHER FATHER
12. Name Chas. Dukes
13. Birthplace Michigan (City, town, or county) (State or foreign country)
14. Maiden name Laura Upton
15. Birthplace Howell Co Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Chas Dukes
(b) Address West Plains Mo
17. (a) B. (Burial, cremation, or removal) (b) Date thereof 4-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen
18. (a) Signature of funeral director Robertson
(b) Address West Plains
19. (a) 4-4-41 (Date received local registrar) (b) Vida W Simons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 31 year 1941 hour 4 minute 30 a. M.
21. I hereby certify that I attended the deceased from March 27, 1941 to March 31, 1941; that I last saw her alive on March 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia, bronchial, double.	4 days
Due to	
Due to	
Other conditions Measels (Include pregnancy within 3 months of death)	7 days
Major findings: Of operations None	
Of autopsy None	

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 A. H. Thornburgh (M. D.)
Address West Plains, Mo. Date signed 1/4/42
Thornburgh

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 541199
Date Filed

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 Dorothy L Robert

Licensed Embalmer No. 3432

P. O. Address West Plain

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.