

FILED MAY 21 1945

State File No. _____

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Pulaski

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

(c) Name of hospital or institution: DeWitt Hospital
(If not in hospital of institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week
1 Year (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski ⁴⁵

(c) City or town Ft. Leonard Wood, Mo.
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. 13 B. Pulaski
(If rural, give location) ⁰

(e) Citizen of foreign country? no ⁰ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nancie J. Kupke

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

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Carl Kuoke

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan. 5, 1893
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Hamburg, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name ***** Lewis

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Ida Nelson

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Kupke

(b) Address 13 B. Pulaski, Ft. Wood, Mo.

17. (a) Burial (b) Date thereof 5/3/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgar Springs, Mo.

18. (a) Signature of funeral director J. L. Hoops & Sons

(b) Address Crocker, Mo.

19. (a) 5-7-1945 (b) Chas M Poole
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 29th
year 1945 hour _____ minute 10 P. M.

21. I hereby certify that I attended the deceased from April 30
1945 to April 29 1945

that I last saw her alive on April 29 1945
and that death occurred on the date and hour stated above

Immediate cause of death Generalized peritonitis

Due to Diabetic Infection of Colon

Due to Diabetic

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 6

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. DeWitt (M. D. or other) 2
Address 4-29-45 Date signed _____

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

MOTHER FATHER

1190

(Licensed Embalmer's Statement on Reverse Side) Waynesville, Mo.

LS 539

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 Paul B. Hooper
Licensed Embalmer No. 3261
P. O. Address Waynesville, N.C.

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.