

No. 2  
-1/47  
-17-39

National Office of Vital Statistics

FILED MAR 5 1948

Registration District No. ....

Primary Registration District No. **3025**

Registrar's No. **721**

1. PLACE OF DEATH:

(a) County **Howell** Mo

(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: **Christa Napan Hosp**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** County **Howell** 46

(c) City or town **West Plains** Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. **Cleveland Ave** 1  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Stella Lucy N. DUKOW**

3. (b) If veteran,  name war.....

3. (c) Social Security No. **5-06-0-0-0-0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **11** year **1947** hour **5** minute **25** P.M.

21. I hereby certify that I attended the deceased from **11/10** 19**47** to **12/11** 19**47** that I last saw her alive on **12/11** and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **Chronic pyelitis**

4. Sex **F** Color or race **W**

5. (a) Single, widowed, married, divorced **M=1**

(b) Name of husband or wife **Emil DUKOW**

6. (c) Age of husband or wife if **60** years

7. Birth date of deceased **7-8-1889**  
(Month) (Day) (Year)

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

133 A

8. AGE: Years **58** Months Days If less than one day

9. Birthplace **Madison Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **4**

12. Name **R. E. Nierlich**

13. Birthplace **Frankfort, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Gop.**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Emil DUKOW**

(b) Address **West Plains, Mo.**

17. (a) **13** (b) Date thereof **12/14/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Lawn**

18. (a) Signature of funeral director **Kalerton's**

(b) Address **West Plains, Mo.**

19. (a) **Feb 9-48** (b) **Beatrice Cook**  
(Date received local registrar) (Registrar's signature)

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 **At home** (e) Means of injury **Stroke**

23. Signature **W. H. ...** West Plains, Mo. Date signed.....

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5

District File Number 348145

Date Filed 2-4-48

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. 3437

P. O. Address West Haven, Conn.

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.