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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6409

FILED MAR 6 1943

Registration District No. ~~318~~ 128

Primary Registration District No. 5466.

Registrar's No. 149

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town ~~Springfield~~ Rural S. Campbell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
MEDICAL CENTER FOR FEDERAL PRISONERS 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 4 mos. 3 da (Specify whether years, months or days)
In this community 1 year, 4 months, 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County Shiawassee 999

(c) City or town Owosso 20
(If outside city or town limits, write "RURAL") 0

(d) Street No. 1424 West Main St.
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland 2

3. (a) PRINT FULL NAME ZUKOWSKI, Nicholas

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Anna Uradnicke Zukowski

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

7. Birth date of deceased November (Month) 26 (Day) 1894 (Year)

8. AGE: Years 48 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Poland 4 (State or foreign country)

10. Usual occupation laborer

11. Industry or business

FATHER
12. Name Cedor Zukowski
13. Birthplace Unknown (City, town, or county) Poland 4 (State or foreign country)

MOTHER
14. Maiden name Udosa - Unknown
15. Birthplace Unknown (City, town, or county) Poland 4 (State or foreign country)

16. (a) Informant Record
(b) Address Medical Center, Hospital

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 16 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Owosso Michigan

18. (a) Signature of funeral director Fred G. Thieme
(b) Address Springfield, Mo.

19. (a) 2-16-43 (Date received local registrar) (b) W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15 year 1943 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from October 12, 1941, to February 15, 1943; that I last saw him alive on February 15, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death broncho-pneumonia, acute	3 days
Due to chronic myocarditis and valvulitis, rheumatic.	prior to admission
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy see above.	

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 R. W. McComas (M. D.)
Address MCFP R. W. McCOMAS, Clinical Director, Date signed 2-16-43

(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.....Fred C. Thieme.....

Licensed Embalmer No.....2899.....

P. O. Address.....Springfield, 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.

X