. S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 7 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9578

Registration District No. 112 Primary Registration District No. 5429 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin
(c) City or town Rural 56
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Hilda C. Calkins

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

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife Louis Calkins
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Oct (Month) 20 (Day) 1892 (Year)

8. AGE: Years 52 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Beaufort (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Frank Sunderdick
13. Birthplace Krakow (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Mary Tackey
15. Birthplace Leslie (City, town, or county) Mo (State or foreign country)
16. (a) Informant Louis Calkins
(b) Address Beaufort Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar (Month) 12 (Day) 1945 (Year)
(c) Place: burial or cremation Fort Hudson Mo
18. (a) Signature of funeral director E. H. Temme
(b) Address Beaufort Mo
19. (a) 3/12/45 (Date received local registrar) (b) Lou Queens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10 year 1945 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Jan, 1941, to Mar 10, 1945 that I last saw her alive on Mar 10, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Osteomyelitis	4 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy No 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 J. L. Matthews MD (M. D. or other)
Address Beaufort, Mo Date signed 3-11-45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer. No. 9.

District File Number.....

Date Filed 4-6-45

APR 25 1945

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 E. H. Jemme, Registered Apprentice No.....,
working under my personal supervision.

Signed E. H. Jemme

Licensed Embalmer No. 3076

P. O. Address Beaufort 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, above space should be left blank.