

FILED APR 10 1946

State File No.

Registration District No. 49

Primary Registration District No. 5174

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Camden *Adair Twp*
(b) City or town Climax Springs Mo.
(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.....
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden 15
(c) City or town Climax Springs Mo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Adair Twp 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Calhoon Elkins

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dona Elkins 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased February 28 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 16 Days 3 hr. 10 min.
If less than one day

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name William Burton Elkins
13. Birthplace Not Known
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Adeline Reeves
15. Birthplace Louisa Adeline Reeves
(City, town, or county) (State or foreign country)

16. (a) Informant Jim Elkins

(b) Address Climax Springs, Missouri

17. (a) Burial (b) Date thereof March 15, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenridge Cemetery

18. (a) Signature of funeral director Geo. H. Green Acting

(b) Address Climax Springs Mo

19. (a) 3-18-46 (b) G. J. Myers M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 04
year 1946 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from June
1945, to March 14, 1946;
that I last saw him alive on March 14, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to senil debility

Due to hypertension

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

Major findings:
Of operations.....
Of autopsy 107

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 Dr. E. Briggs (M.D. or other) DO

Address Climax Springs, Mo. Date signed 3/14/46

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

RECEIVED

Director of Health Officer No. 71

Date Filed 2-46-356

Date Filed 4-10-46

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.....

P. O. Address.....

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.