

FILED JUL 19 1948

State File No. _____

Registration District No. 336

Primary Registration District No. 4521

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Texas
 (b) City or town Houston
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 4 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas
 (c) City or town Houston
(If outside city or town limits, write "RURAL")
 (d) Street No. 100 TAEB
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ernest Edward Calkins Jr

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 25 1943
(Month) (Day) (Year)

8. AGE: Years 4 Months 9 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ernest E. Calkins Sr.
 13. Birthplace Baker Ore.
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Gobbler
 15. Birthplace Houston Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Calkins
 (b) Address Houston Mo.

17. (a) Burial (b) Date thereof June 27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston Mo.

18. (a) Signature of funeral director Elliott Funeral Home

(b) Address Houston Mo.

19. (a) July 5, 1948 (b) Myrtle Craig
Data received local registrar (Registrar's signature)

20. DATE OF DEATH: Month June day 25
 year 1948 hour 5 minute 45 A.M. / P.M.

21. I hereby certify that I attended the deceased from June 23, 48
48 to June 25, 1948
 that I last saw him alive on June 25, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism
 Due to _____
 Due to _____

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

Major findings: _____
 Of operations _____
 Of autopsy _____

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 T. G. Burns (M. D. or other) M.D.
 Address Houston, Mo. Date signed June 25, 1948

RECEIVED 7-16-48
District Health Officer No. 5,
District File Number: 748469
Date Filed ~~7-16-48~~

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.