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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1359A
Registrar's No. 190

FILED MAY 11, 1945
Registration District No. 777

Primary Registration District No. 0-569

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Leeds Farm 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 49
(c) City or town Kansas City 19
(If outside city or town limits, write "RURAL")
(d) Street No. 1127 Troost
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ralph J. Filholm

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

4. Sex M. D 5. Color or race W/
6. (a) Single, widowed, married, 3 divorced Div.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased Sept. 14, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 6 3 hr. min.

9. Birthplace Corning Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Car Salesman

11. Industry or business _____

12. Name Joseph C. Filholm

13. Birthplace Denmark 11
(City, town, or county) (State or foreign country)

14. Maiden name Christine Jensen

15. Birthplace Denmark 11
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Butzer

(b) Address 1127 Troost

17. (a) Burial (b) Date thereof 5/20/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address K. C. Mo.

19. (a) 3/19/45 (b) Mildred Pearson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17
year 1945 hour 4-5:00 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. Person, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Dilatation
Due to heart defects

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

Major findings: Of operations _____
Of autopsy no history of infection

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 Ralph J. Filholm 3 (M. D. or other) Corning
Address 1127 Troost Rd. Date signed 3-18-45

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

1159

(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 J. S. Malton
Licensed Embalmer No. 2744
P. O. Address N. C. 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.

BY THE
EMBALMER
DATE

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 1900

Registration District No. 147 Primary Registration District No. 5569

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Leeds Farm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1127 Forest
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ralph J. Filholm
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March year 1945 hour _____ minute _____ M. _____
21. I hereby certify that I attended the deceased from _____, 19____, that I last saw him _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death: Myocardial dilatation

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced div
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased Sept 14 1875
(Month) (Day) (Year)

Due to Acute nephritis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy No history of exposure

8. AGE: Years _____ Months _____ Days _____ If less than one day, _____ min. _____
9. Birthplace Kansas
(City, town or county) (State or foreign country)
10. Usual occupation Salesman

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 _____

11. Industry or business _____
12. Name Joseph Filholm
13. Birthplace Denmark
(City, town or county) (State or foreign country)
14. Maiden name Christine Jensen
15. Birthplace Denmark
(City, town or county) (State or foreign country)

23. Signature Joe C Walker (M. D. or other) Conrad
Address _____ Date signed _____

16. (a) Informant Edith Putzer
(b) Address 1127 Forest
17. (a) Buried (b) Date thereof 3-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Ferguson
(b) Address A.C. Mo.
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

SEARCHED INDEXED SERIALIZED FILED
MAY 15 1945
FBI - KANSAS CITY

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MOTHER FATHER

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