

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31642

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town De Soto, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 47 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson
(c) City or town De Soto
(If outside city or town limits, write "RURAL")
(d) Street No. 109 E. Kelly St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Augustus De Clercq Filkins

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

4. Sex M
5. Color or race W
6. (a) Single, (widowed) married, divorced 2
6. (b) Name of husband or wife Irene Day Filkins
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 29 1856 (Month) (Day) (Year)

8. AGE: Years 90 Months 11 Days 27
If less than one day hr. min.

9. Birthplace Oriskany N.Y. / (City, town, or county) (State or foreign country)

10. Usual occupation Retired Machinist

11. Industry or business Mo. Pac. R.R.

12. Name Hiram Filkins

13. Birthplace Baldwin Villa N.Y. / (City, town, or county) (State or foreign country)

14. Maiden name Eveline Taylor

15. Birthplace Schenectady N.Y. / (City, town, or county) (State or foreign country)

16. (a) Informant Frank A. Filkins

(b) Address 354 Reynolds St. Kingston, Pa.

17. (a) Burial (b) Date thereof Aug 28-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, ILL.

18. (a) Signature of funeral director J. Lee Mathershead

(b) Address De Soto, Mo.

19. (a) 9/11/47 (b) Marie Harris (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26th
year 1947 hour 10 minute 30 AM.

21. I hereby certify that I attended the deceased from June 21 1947 to Aug 26 1947
that I last saw him alive on Aug 26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis degenerative
Duration 4 yr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) 2

While at work? (Specify type of place) (e) Means of injury

23. Signature J. P. Pargolar D. or other Do
Address De Soto, Mo. Date signed 8/27/47

RECEIVED
District Health Officer, No. 9
District No. _____
Date Filed SEP 18 1947

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. E. Mothershead

Licensed Embalmer No. 3531

P. O. Address D. Soto m

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.