

FILED FEB 11 1942
REGISTRATION DISTRICT NO. _____

Primary Registration District No. 1002

State File No. _____
Registrar's No. 407

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: 2941 Baltimore /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 75 Years years, months or days)

3. (a) PRINT FULL NAME Mrs. Bettie Filkin
(b) If veteran, name war XXX
(c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Frank R. Filkin
(c) Age of husband or wife if alive XX years
7. Birth date of deceased Feb. 25, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>11</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Lawson Shane

13. Birthplace 1 / Ky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Cunningham

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

16. (a) Informant Mrs. E. R. Corbett

(b) Address 3344 Karnes

17. (a) Burial (b) Date thereof 1-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director J. Wagner

(b) Address Kansas City, Mo.

19. (a) 1/29/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson / 8
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2941 Baltimore
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th
year 1942 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from 1-27-42
1-27-42 to 1-28-42
that I last saw h. alive on 1-27-42
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchial 24 hrs
Intestinal Obstruction 48 hrs
(Cause unknown)

Due to Hypertension - Myocarditis
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none 935
Of operations _____
Of autopsy none

Duration
24 hrs
48 hrs
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) NB

(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 Reginald Black (M. D. or other) MD
Address Proffers Place Date signed 1/29/42

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

11-24-63
12-28-63
12-28-63

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 *R. R. Hainschild*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City 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.