

FILED JUN 28 1943

Registration District No. 177

Primary Registration District No. 5-5-69

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural-Brooking
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 86th & Freemont
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one year
(Specify whether years, months or days)

In this community one year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural-Brooking
(If outside city or town limits, write "RURAL")

(d) Street No. 86th & Freemont
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mrs. Jensina Christina Filholm

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph C. Filholm

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May 14 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>9</u>	<u>12</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business xxx

12. Name Peter Christian Jensen

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

14. Maiden name Dorothy Kirkholm

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

16. (a) Informant Mrs. R.R. Butzer

(b) Address 86th & Freemont

17. (a) Burial (b) Date thereof Apr. 29, '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director E. Clark Agent

(b) Address Raytown, Missouri

19. (a) Apr 29 43 (b) Mrs. A. E. Larom
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1943 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 18 1942 to April 26 1943
that I last saw her alive on April - 26 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypo static Pneumonia 2da
Duration

Due to Uremia + Coma 4da

Due to Chronic Nephroses 2da

Other conditions 1218
(Include pregnancy within 3 months of death)

Major findings: Of operations 1218

Of autopsy 1218

PHYSICIAN 1218
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 J. L. Harrison (M. D. or other) _____
Address Raytown, Mo Date 7-26-43

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

48
0
0

48

0

0

1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Clark Fegent

Licensed Embalmer No.....**3983**.....

P. O. Address **Raytown, Missouri.**.....

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.