S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5288

State File No.

MAR 9 1942

Registration District No. 999

Primary Registration District No. 1002

Registrar's No. 651

1. PLACE OF DEATH:

(a) County: Jackson City Missouri

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Marys Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days. (Specify whether years, months or days)

In this community 8 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Johnson 99

(c) City or town: Olathe 14
(If outside city or town limits, write "RURAL")

(d) Street No.: 325 North Kansas Ave 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Austin Dana

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs Alice Dana

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

7. Birth date of deceased: March (Month) 25 (Day) 1864 (Year)

8. AGE: Years 77 Months 10 Days 19 If less than one day hr. min.

9. Birthplace: Neponset - Bureau Co- Illinois (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: George G Dana

13. Birthplace: Peacham (City, town, or county) Vermont (State or foreign country)

MOTHER 14. Maiden name: Helen Darr

15. Birthplace: (City, town, or county) New York (State or foreign country)

16. (a) Informant: Mrs Alice Dana

(b) Address: Olathe Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-17-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Olathe Kansas Cemetery

18. (a) Signature of funeral director: H. E. Julian

(b) Address: Olathe Kansas

19. (a) 3/16/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 14 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 2-4-42, 19, to 2-14-42, 19; that I last saw him alive on Feb. 14, 1942, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Thrombosis of coronary artery	
Due to: uremia	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: None performed	

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):

(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)

While at work? (e) Means of injury:

23. Signature: C W Jones (M. D. or other)

Address: 133 E. Park, Olathe, Ks. Date signed: 2-16-42

(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 H. E. Julien

Licensed Embalmer No. 204 r.

P. O. Address Olathe Kas.

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.