V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 22 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17222

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 204

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint John's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days) In this community 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Cherokee
(c) City or town Rural-R-1 Galena Kans (If outside city or town limits, write "RURAL")
(d) Street No. 2 3/4 Mi N.W. of Riverton Kansas (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HAROLD LEE PARADEE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, ~~widowed, married, divorced~~ D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 7 (Day) 1945 (Year)
8. AGE: Years | Months 3 | Days 27 | If less than one day hr. min.
9. Birthplace Galena (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Infant
11. Industry or business
MOTHER FATHER
12. Name Harold E. Paradee
13. Birthplace Galena (City, town, or county) Kansas (State or foreign country)
14. Maiden name Cora Patty
15. Birthplace Blue Jacket (City, town, or county) Okla (State or foreign country)
16. (a) Informant Harold E. Paradee
(b) Address Galena Kansas R 1
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-2-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Columbus-Kans
18. (a) Signature of funeral director Seifert Und. Co. per
(b) Address Galena Kansas
19. (a) 5-2-45 (Date received local registrar) (b) Gertrude Sudduth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1945 hour 1/3 minute 30 A.M.
21. I hereby certify that I attended the deceased from 5-1, 1945, to 5-2, 1945 that I last saw him alive on 5-1, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia (both lungs)	24 C
Due to (Chest Pain large Spinal Bifida)	
Due to	
Other conditions Lazy Spina Bifida (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 108

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 (M. D. or other)
Address Joplin Mo Date signed 5-3-45

204

(Licensed Embalmer's Statement on Reverse Side)

45-5-400

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 Derfelt Mud. Co., Registered Apprentice No. ....., working under my personal supervision.

Signed J. Lance Wiene

Licensed Embalmer No. 2880

P. O. Address Baxter Spring Kan

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.