

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 12368
Registrar's No. 1328

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1052		Registrar's No. 1328	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3238 Montgall</u>				d. STREET ADDRESS (If rural, give location) <u>3238 Montgall</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lewis</u>		b. (Middle) <u>Perce</u>		c. (Last) <u>Dollison</u>	
4. DATE OF DEATH		(Month) <u>3</u> (Day) <u>22</u> (Year) <u>49</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 30 1883</u>	
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>65</u> Days <u>0</u>		IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>		IF UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Signal Inspector</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>K. C. Terminal</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>James Frank Dollison</u>				13b. MOTHER'S MAIDEN NAME <u>Clarinda Perce</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie Dollison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>War #1 No. 10 War #1</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fannie Dollison</u> ADDRESS <u>K. C. Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary atherosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>?</u> DUE TO (c) <u>?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>			
19a. DATE OF OPERATION <u>✓</u>				19b. MAJOR FINDINGS OF OPERATION <u>✓</u>			
20. AUTOPSY? YES ☐ NO ☒							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>April 20, 1947</u> , to <u>3-22-1949</u> , that I last saw the deceased alive on <u>March 21, 1949</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>V. W. Harned</u> (Degree or title) <u>DD 2</u>				23b. ADDRESS <u>404 W. 11th St. Kansas City, Mo.</u>		23c. DATE SIGNED <u>3-22-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/24/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shawnee Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Shawnee Kansas</u>	
DATE REC'D BY LOCAL REG. <u>3-23-49</u>				REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>			
FUNDAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home</u>				ADDRESS <u>K. C. Kans.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. V.W. Harmed

31st Trust Worthman Bldg.

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

W. V. Harmed

Licensed Embalmer No.

3991

P. O. Address

*308 East 68th St
N.Y.C.*

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.