

FILED SEP 26 1949

STANDARD CERTIFICATE OF DEATH

State File No. 32815

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>154</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Verona Wash</u>		c. LENGTH OF STAY (In this place) <u>4 mo 15 d.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital 37</u>				d. STREET ADDRESS (If rural, give location) <u>731 East 8th St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>- LEE</u> c. (Last) <u>- JOHNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 20, 1949</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Oct 7, 1874</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>7 1/2</u>	IF UNDER 24 HRS. Days <u>13</u>	Hours <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Flora Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Bertha Mattson</u>		14. NAME OF HUSBAND/OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp 3 Nevada</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic & Hypertensive</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Disease.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia Praecox.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>17 1/2</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 5, 1949</u> , to <u>Sept 20, 1949</u> , that I last saw the deceased alive on <u>Sept 20, 1949</u> , and that death occurred at <u>2:35 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul L Barione M.D.</u>				23b. ADDRESS <u>State Hosp 3 Nevada</u>		23c. DATE SIGNED <u>Sept 20</u>	
24a. BURIAL (Specify) <u>State Hospital</u>		24b. DATE <u>Sept. 27. 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>State Hospital</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Minner</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 22. 49</u>		REGISTRAR'S SIGNATURE <u>Katherine H. Hansen</u>		331 25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry S. Hansen</u>		ADDRESS <u>Nevada Minner</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number 8-49-115

Date Filed 9-24-49

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 _____

Francis J. Lewis

Student Embalmer No. 330

working under my personal supervision.

Student Francis J. Lewis

Student Embalmer

Signed _____

Licensed Embalmer No. 1760

P. O. Address Devuela 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.