

FILED MAR 14 1956

STANDARD CERTIFICATE OF DEATH

State File No. 4907

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 899

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Kansas b. COUNTY Wyandotte

b. CITY (If outside corporate limits, write RURAL and give township) Kansas City c. LENGTH OF RESIDENCE (In this place) 22 yrs.

c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If in hospital or institution, give the address of institution) 918 E. 9th St.

e. STREET ADDRESS (If rural, give location) 1517 South 15th St. § 154

3. NAME OF DECEASED (Type or Print) a. (First) Willimina b. (Middle) c. (Last) Lange

4. DATE OF DEATH (Month) (Day) (Year) Feb. 28 1956.

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Aug. 3 1873 9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work during most of adult life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and State or Foreign Country) Edgefield, Tenn. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James E. Johnson

13b. MOTHER'S MAIDEN NAME Sarah Emma Paget

14. NAME OF HUSBAND OR WIFE Louie S. Lange

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Charles Erwin (Daughter) KCK

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH Immediate

3 years.

331X

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from 2-15-1920, to 2-27-56, 19, that I last saw the deceased alive on 2-27-56, 19, and that death occurred at 10:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE K. C. Haas (Degree or title) M.D.

23b. ADDRESS 1533 S. 21st St. K.C.K.

23c. DATE SIGNED 2-29-56

24a. BURIAL CREMATION (Specify) Burial

24b. DATE Mar. 2 1956

24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Kansas

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 2-29-56 Vera Minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simmons Funeral Home KCK

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

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.....
Signature of Student Embalmer

Signed..... *Max E. Meyer*
Licensed Embalmer No. *2111*

P. O. Address..... *K.C. Ks*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.