

**GHQ/SCAP Records (RG 331, National Archives and Records Service)**

**Description of contents**

- (1) Box no. **2808**
- (2) Folder title/number: **(17)**  
**Miscellaneous - SI**
- (3) Date:     , 1946 -     , 1949

(4) Subject:

Classification	Type of record
760	c, u

(5) Item description and comment:  
**SI: Social Insurance**

(6) Reproduction:  Yes  No

(7) Film no. \_\_\_\_\_ Sheet no. \_\_\_\_\_

(Compiled by *National Diet Library*)

Government Managed Health Insurance

Condition of Payment for Medical Benefit  
According to Main Types of Illness

Prefecture \_\_\_\_\_  
Date \_\_\_\_\_

(Insured or Dependent)

Type of Illness	No. of Cases		No. of Days		No. of Points		Remarks
	In Patient	Out Patient	In Patient	Out Patient	In Patient	Out Patient	
Pulmonary Tuberculosis							
Pneumonia							
Pleurisy							
Gastro Enterities							
Beri-beri							
Syphilis							
Gonorrhoea							
Trachoma							
Cold and Bronchitis							
Neuralgia Rheumatism							
Other General Treatment and Examination							
Sub Total							
Dental Examination and Treatment							Fee for Dental Correction Case: Points:
Total							

National Health Insurance

Fiscal Year		Date		COMPILED BUSINESS REPORT				Prefecture _____			
No. of Insurer (City, Town or Village, Association, Juridical Person, Total)											
Type	As of end of last month	As of end of this month	As of end of this month						Rate of partial liability	% receiving medical diagnosis	
No. of Heads of Household			No. of Administrative Staff		No. of P.H. Nurses		Medical Advisor		Average	Average	
No. of insured			Quota	Present No.	Quota	Present No.	Quota	Present No.	%	%	
Type	No. of cases	No. of days	No. of points	Amount of Expense		No. of days per case	No. of points per case	No. of points per day			
Med. Exam. and Treatment Benefit	General Exam. and Treatment										
	Inside Hospital										
	Out of Hospital										
	Dental Exam. and Treatment										
	Medical Care Expense										
	Maternity Benefit										
	Nursing Allowance										
	Funeral Benefit										
	Total (Average)										

Benefits for

		Items	Budget for this fiscal year	Income or Expenditure this month	Accumulative figure of Income or Expenditure for fiscal year
Income and Expenditure	Income	Contributions			
		Partial Liability			
		National Subsidy			
		Prefectural Subsidy			
		Local Subsidy			
		Balance from last fiscal			
		Amount Transferred from General Account (City, Town, Village or Juridical Person)			
		Utilization Fee			
		Other Income			
		Total			
Income and Expenditure	Office Expense City, Town, Village	Staff Salary Expense			
		Meeting Expense			
		Others			
		Total			
	Insurance Benefit Expense	Medical Care Expenses			
		Maternity Expenses			
		Nursing Expenses			
		Funeral Expenses			
		Clinic Expense			
	Insurance Benefit Expense	Public Health Nurse Expense			
		Medical Advisor Expense			
		General Insurance Installation Expense			
		Total			
		Other Expenditure			
		Total			

Balance			Type	Accumulative figure of Amount Determined	Accumulative Amount of Income	Amount in Arrear
As of end of this month Temporary Income & Others		Income	Contribution			
Payment reserve fund at end of this month			Partial Liability			
Payment reserve fund at end of last month			Others			
Temporary Income and Other income during this month		Expen- diture	Unpaid Medical bills (Medical Care Expense Included)			
			Unpaid Medical Benefits			
Remark						

Insurance Premium Collection Report  
 I. Insurance Premium Collection Situation

Date \_\_\_\_\_ Prefecture \_\_\_\_\_

Classification	Types	Health Insurance	Welfare Pension Insurance	Seamen's Insurance
Amount to be Collected	This month			
	Accumulative figure			
Amount Collected	This month	Amount collected for this month		
		Amount collected for last month		
		Amount collected for last month		
		Amount collected for months previous to month before last		
		Total		
	Accumulative figure			
Amount which cannot be collected and is considered a loss	This month			
	Accumulative figure			
Amount not yet collected				
Remarks				

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013



GOVERNMENT MANAGED HEALTH INSURANCE

Business Condition Report for 1940

I. Application

1. Number of Establishment and Insured

Insurance Section

Classification		Compulsory Application	Voluntarily Comprehensive Application	Voluntary Continuous Application	Total
Number of Insured	Male				
	Female				
	Total				

- Remarks:
1. No. of insured and establishments according to provisions of Article 13 of the Law will be entered in the "Compulsory Application Law" column.
  2. No. of insured and establishments according to provisions of Article 15 and 16 of the Law will be entered in the "Compulsory Comprehensive Application" column.
  3. No. of insured according to the provisions of Article 20 of the Law will be entered in the "Voluntary Continuous Application."

No. of Enterprises				
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2. No. of Insured According to Classification of Standard Remuneration

Classification	Male	Female	Total	Classification	Male	Female	Total
1st Class				11th Class			
2nd Class				12th Class			
3rd Class				13th Class			
4th Class				14th Class			
5th Class				15th Class			
6th Class				16th Class			
7th Class				17th Class			
8th Class				18th Class			
9th Class				19th Class			
10th Class							
According to Sex	Number of Insured		Total Monthly Amount of Standard Remuneration		Average Monthly Amount Standard Remuneration		
Male							
Female							
Total							

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II INSURANCE BENEFIT

Number of cases, days, amount of insurance benefit determined to be paid and amount paid

Date \_\_\_\_\_

Insurance Section \_\_\_\_\_

Classification	Amount determined to be paid						Amount paid			
	Present month			Accumulative amount up to present month			Present month		Accumulative amount up to present month	
	No. of cases	No. of days	Amount	No. of cases	No. of days	Amount	No. of Cases	Amount	No. of Cases	Amount
Medical care and treatment Expense	General Examination									
	Dental Examination									
	Others									
	Total									
Benefits for Insured	Nursing Expense									
	Transfer Expense									
	Injury and Illness Allowance									
	Burial Expense									
	Delivery Expense									
	Maternity Allowance									
	Insured Nursing Allowance									
	Total									

Classification			Amount to be paid				Amount already paid					
			This month			Accumulative figure to this month			This month		Accumulative figure to this month	
			No. of cases	No. of days	Amount	No. of cases	No. of days	Amount	No. of cases	<i>Amount</i>	No. of cases	<i>Amount</i>
Dependents Insurance Benefit	Examination and Treatment Expense	General Examination & Treatment										
		Dental Examination & Treatment										
		(others										
		Sub-Total										
		Nursing Expense										
		Transportation Expense										
		Dependents Burial and Funeral Expense										
		Spouses Delivery Expense										
		Dependents Nursing Allowance										
		Sub-Total										
	Total											
	Remarks	Accumulative amount of Insurance Benefit Disbursed for fiscal year from "Advance Fund Receipt and Disbursement account."										

3. Payment of Medical Bills Government Managed Health Insurance

Date \_\_\_\_\_ Prefecture \_\_\_\_\_

Classification		General Medical Examination and Treatment					
		Insured			Dependents		
		Insurance Doctor	Ones Designated by Insurer		Insurance Doctor	Ones Designated by Insurer	
			A	B		A	B
No. of doctors requesting payment of medical bill or those designated by insurer							
Admitted in the Hospital	No. of cases requesting payment of medical bills						
	No. of days in Hospital						
	No. of points requested						
	No. of points decided						
	Amount decided to be paid						
Outside of Hospital	No. of cases requesting payment of medical bills						
	No. of days of examination and treatment						
	No. of points requested						
	No. of points decided						
	Amount decided to be paid						
Total	No. of cases requesting payment of medical bills						
	No. of days in Hospital or Examination and Treatment						
	No. of points requested						
	No. of points decided						
	Amount decided to be paid						
	% Investigated and determined						



Form #1

1949 Fiscal Year Social Insurance Medical Fee Payment Fund Business Report for \_\_\_\_\_

Prefecture:

Types of Insurer	No. of Insurer Handled			
	As of end of last month	Increase this month	Decrease this month	Balance at end of month
Government (Health Insurance)				
Government (Seamen's Insurance)				
National Public Service Mutual Aid Association	Main Office			
	Subordinate Office			
	Those corresponding to Subordinate Office			
Health Insurance Society	Main Office			
	Subordinate Office			
	Those corresponding to Subordinate Office			
National Health Insurance Association				
Total				

Form #2

Condition of Income of Business Expense

Income						
Subject	Amount Requested		Amount Received		Amount not collected	Remark
	This month	Accumulative figure	This month	Accumulative figure		
1. Deposit Income						
(1) Gov't Managed H/I						
(2) Seamen's Insurance						
(3) Mutual Aid Association						
(4) Health Insurance Society						
(5) National Health Insurance Association						
2. Income from Fund						
(1) Income from Fund Interest						
3. Miscellaneous Income						
(1) Income from Interest						
(2) Income from Arrears						
(3) Miscellaneous Income						
Total						

Detail Report of Deposit and Medical Fee Income

Types of Insurer	Amount Un-collected as end of last month	Amount requested		Amount collected		Amount Uncollected	Remark
		This month	Accumulative figure	This month	Accumulative figure		
National Public Mutual Aid Association	Medical Fee						
	Deposit						
Amount Collected within this Prefecture	Medical Fee						
	Deposit						
Amount requested directly of Prefecture	Medical Fee						
	Deposit						
Amount handled by Central Fund							
Health Insurance Society	Medical Fee						
	Deposit						
Amount Collected within this Prefecture	Medical Fee						
	Deposit						
Amount requested directly of other Prefecture	Medical Fee						
	Deposit						
Amount requested indirectly of other Prefecture							
Total							



Form # 4

Report on Collection of Medical Fee According to Insured

Type of Insured	Amount Uncollected as of end of previous month	Amount to be collected		Amount collected		Uncollected Amount	Uncollected Amount according to month	Remark
		This month	Accumulative figure	This month	Accumulative figure			
Government (Health Insurance)								
Government (Seamen's Insurance)								
National Public Service Mutual Aid Association								
Health Insurance Society								
National Health Insurance								
Total								

Form # 7

Condition of Medical Fee Payment According to Insurer

Date:

Type	Amount Unpaid as of end of previous month	Amount to be paid		Amount paid		Amount paid	Amount Unpaid according to month	Remarks
		For month of	Accumulative figure	Amount paid this month	Accumulative figure			
Government Health Insurance								
Government Seamen's Insurance								
National Public Service Mutual Aid Association Health Insurance Society								
National Health Insurance								
Total								

Form # 8

Condition of Administrative Expense According to Insurer

Type of Insurer	Amount Uncollected as of end of Last Month	Amount Requested		Amount Received		Amount in Arrear	Remark
		This Month	Accumulative Figure	This Month	Accumulative Figure		
Government Health Insurance							
Government Seamen's Insurance							
National Public Service Mutual Aid Association							
Health Insurance Society							
National Health Insurance Association							
Total							

Result of Examination

General Medical Examination and Treatment

Type	General Medical Examination and Treatment					
	Insurance Doctors	Insured		Insurance Doctors	Dependents	
		Those designated by Insurer			Those designated by Insurer	
		A	B		A	B
No. of Insurance doctors or doctors designated by Insurer making request						
In Patient	No. Cases Requested					
	No. Days in Hospital					
	No. Points Requested					
	No. Points Determined					
	Amount Medical Fee Determined					
Out Patient	No. Cases Requested					
	No. Days in Hospital					
	No. Points Requested					
	No. Points Determined					
	Amount Medical Fee Determined					
Total	No. Cases Requested					
	No. Days in Hospital					
	No. Points Requested					
	No. Points Determined					
	Amount Medical Fee Determined					
	% Investigated					

Form #12

Type	Dental Examination and Treatment					
	Insured			Dependent		
	Insurance Doctors	Those designated by Insurer		Insurance Doctors	Those designated by Insurer	
		A	B		A	B
No. of Insurance doctors or doctors designated by Insurer making request						
No. Cases Requested						
No. Days Treatment						
No. Points Requested						
No. Points Determined						
Amount Medical Fee Determined						
% Examined						

Welfare Pension Insurance Business Report

Date \_\_\_\_\_ Fiscal Year \_\_\_\_\_

I. Application

1. No. of Enterprises and Insured

Prefecture \_\_\_\_\_

Classification		Compulsory Application	Voluntary Comprehensive Application	Voluntary Independent Application	Voluntary Continuous Application	Total
No. of Enterprises						
No. of Insured	Male					
	Female					
	Miners					
	Total					

2. No. of Insured According to Classification of Standard Remuneration

Classification	Male	Female	Minor	Total	Classification	Male	Female	Miners	Total
1st Class					11th Class				
2nd Class					12th Class				
3rd Class					13th Class				
4th Class					14th Class				
5th Class					15th Class				
6th Class					16th Class				
7th Class					17th Class				
8th Class					18th Class				
9th Class					19th Class				
10th Class									
Classification		Female	Female	Minor	Voluntary continuous			Total	
No. of Insured									
Total Monthly Amount of Standard Remuneration									
Average Monthly Amount Standard Remuneration									

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2. No. of Insured According to Classification of Standard Remuneration

Classification	Male	Female	Minor	Total	Classification	Male	Female	Miners	Total
1st Class					11th Class				
2nd Class					12th Class				
3rd Class					13th Class				
4th Class					14th Class				
5th Class					15th Class				
6th Class					16th Class				
7th Class					17th Class				
8th Class					18th Class				
9th Class					19th Class				
10th Class									

Classification	Female	Female	Minor	Voluntary continuous	Total
No. of Insured					
Total Monthly Amount of Standard Remuneration					
Average Monthly Amount Standard Remuneration					



II. Insurance Benefit

1. No. of Cases and Amount of Benefit Paid

Classification	During this month		Accumulative figure	
	No. of Cases	Amount	No. of Cases	Amount
Retirement Allowance				
Invalidity Allowance				
Other Lump Sum Grant				
Survivors' Pension				
Widow(er)s Pension				
Surviving Child's Pension				
Invalidity Pension				
Total				
Remark	Accumulative amount of Insurance Benefit Disbursed for fiscal year from "Advance Fund Receipt and Disbursement account			

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

2. No. of Cases and Amount of Lump Sum Grant Determined this month

Classification	Male		Female		Miners		Total	
	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount
Retirement Allowance								
Invalidity Allowance								
Other Lump Sum Grant								
Total								

3. No. of Cases and Amount  
Determined

Fiscal Year (Date)  
Prefecture

Classification		Newly Determined		Decreases		Beneficiary as of end of month	
		Cases	Amount	Cases	Amount	Cases	Amount
Survivors' Pension	Male						
	Female						
	Miners						
	Total						
Widow(er)s' Pension	Male						
	Female						
	Miners						
	Total						
Surviving Childrens' Pension	Male						
	Female						
	Miners						
	Total						

**CORRECTION**

**THIS DOCUMENT  
HAS BEEN REPHOTOGRAPHED  
TO ASSURE LEGIBILITY**

3. No. of Cases and Amount Determined

Fiscal Year (Date)  
Prefecture

Classification		Newly Determined		Decreases		Beneficiary as of end of month	
		Cases	Amount	Cases	Amount	Cases	Amount
Survivors' Pension	Male						
	Female						
	Miners						
	Total						
Widow(er)s' Pension	Male						
	Female						
	Miners						
	Total						
Surviving Childrens' Pension	Male						
	Female						
	Miners						
	Total						

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

Classification			Newly Determined		Decreases		Beneficiary as of end of this month		
			Cases	Amount	Cases	Amount	Cases	Amount	
Invalidity Pension	Those applicable to Article 36 of the Law	1st Class	Male	( )	( )	( )	( )	( )	( )
			Female	( )	( )	( )	( )	( )	( )
			Miner	( )	( )	( )	( )	( )	( )
			Total	( )	( )	( )	( )	( )	( )
		2nd Class	Male	( )	( )	( )	( )	( )	( )
			Female	( )	( )	( )	( )	( )	( )
			Miner	( )	( )	( )	( )	( )	( )
			Total	( )	( )	( )	( )	( )	( )
	Those applicable to Article 4 and 5 of Law No. 45, 1949	Male	( )	( )	( )	( )	( )	( )	
		Female	( )	( )	( )	( )	( )	( )	
		Miner	( )	( )	( )	( )	( )	( )	
		Total	( )	( )	( )	( )	( )	( )	

Date:

Prefecture:

Report on Condition of Administrative Disposition  
of Welfare Pension Insurance

Classification		No. of cases	No. Undisposed as of end of previous month	No. of Increase this month	Total	No. Disposed this month	No. of Undisposed to be carried over to next month	Total number already made
Insured's Ledger	Those requiring new adjustment							
	Among Ledgers already made, those requiring adjustment							
Index tab of Insured's Ledger	Those requiring adjustment							
	Those requiring submission of "Report of Changes in Entry"							
No. of Insured	Detail	No. of New Insured	No. of new insured who were covered before	Those with this Pref. No.	Those with other Pref. No.	No. of who became ineligible as insured	Those with this Pref. No.	Those with other Pref. No.

SEAMEN'S INSURANCE BUSINESS CONDITION REPORT

For 1940

Insurance Section

I. Application

1. Number of Shipowners, Ships and Insured

Classification	Regular Insurance			Unemployment Insurance
	Fishing Boat	Others	Total	
Number of Shipowners				
Number of Ships				
Number of Insured				

- Remarks:
1. Voluntary continuous insured to be re-entered in the parenthesis of same column.
  2. By fishing boat, it means a boat with seamen who are eligible under the application of provisions of Item 2, Article 34 of the law.



2. Number of Insured According to Classification of Standard Remuneration

Classification of Standard Remuneration	Regular Insurance			Unemployment Insurance	Classification of Standard Remuneration	Regular Insurance			Unemployment Insurance
	Fishing Boat	Others	Total			Fishing Boat	Others	Total	
1st Class					11th Class				
2nd Class					12th Class				
3rd Class					13th Class				
4th Class					14th Class				
5th Class					15th Class				
6th Class					16th Class				
7th Class					17th Class				
8th Class					18th Class				
9th Class									
10th Class									

Classification	Regular Insurance		Unemployment Insurance	Voluntary Continuous
	Fishing	Others		
No. of Insured				
Total Monthly Amount Standard Remuneration				
Average Monthly Amount Standard Remuneration				

II. Insurance Benefit

Date \_\_\_\_\_ Prefecture \_\_\_\_\_

Classification			Amount decided to be paid						Amount paid				
			This Month			Accumulative Figure up to This Month			This Month		Accumulative Figure up to This Month		
			Cases	Days	Amount	Cases	Days	Amount	Cases	Amount	Cases	Amount	
Benefits for Insured	Examination and Treatment Expense	General Examination and Treatment	On Duty										
			Off Duty										
		Dental Examination and Treatment	On Duty										
			Off Duty										
		Other	On Duty										
			Off Duty										
	Sub-Total	On Duty											
		Off Duty											
	Nursing Expense	On Duty											
		Off Duty											
	Transportation Expense	On Duty											
		Off Duty											
Sick and injury allowance	On Duty												
	Off Duty												
Funeral Expense	On Duty												
	Off Duty												
Sub-Total	On Duty												
	Off Duty												

Type			Amount decided to be paid						Amount paid				
			This Month			Accumulative Figure This Month			This Month		Accumulative Figure This Month		
			Cases	Days	Amount	Cases	Days	Amount	Cases	Amount	Cases	Amount	
Benefits for Dependents	Examination and Treatment Expense	General Examination and Treatment											
		Dental Examination and Treatment											
		Others											
		Sub-Total											
	Nursing Expense												
	Transportation Expense												
	Family Funeral Expense												
	Sub-Total												
Total													
Remarks			Accumulative Amount of Insurance Benefit Disbursed for Fiscal Year from "Advance Fund Receipt and Disbursement Account."										

3. Payment of Medical Bills  
Seamen's Insurance

Date \_\_\_\_\_ Prefecture \_\_\_\_\_

Classification		General Medical Examination and Treatment					
		Insured			Dependents		
		Insurance Doctor	Ones Designated by Insurer		Insurance Doctor	Ones Designated by Insurer	
			A	B		A	B
No. of doctors requesting payment of medical bill or those designated by insurer							
Admitted in the Hospital	No. of cases requesting payment of medical bills						
	No. of days in Hospital						
	No. of points requested						
	No. of points decided						
	Amount decided to be paid						
Outside of Hospital	No. of cases requesting payment of medical bills						
	No. of days of examination and treatment						
	No. of points requested						
	No. of points decided						
	Amount decided to be paid						
Total	No. of cases requesting payment of medical bills						
	No. of days in Hospital or Examination and Treatment						
	No. of points requested						
	No. of points decided						
	Amount decided to be paid						
	% Investigated and determined						



4. Unemployment Insurance  
Business Condition

Type	No. of cases receiving unemployment certificate	No. of cases approved for the first time	No. of cases completing waiting period	No. of cases receiving benefit	No. of benefit days	No. of cases which finished receiving benefit				No. of cases in which benefit was suspended	Amount of benefit disbursed	No. of beneficiary at end of month
						Total No. of cases which finished receiving benefit	Employed	Term of benefit completed	Others			
Unemployment Insurance												
Transfer Expense												

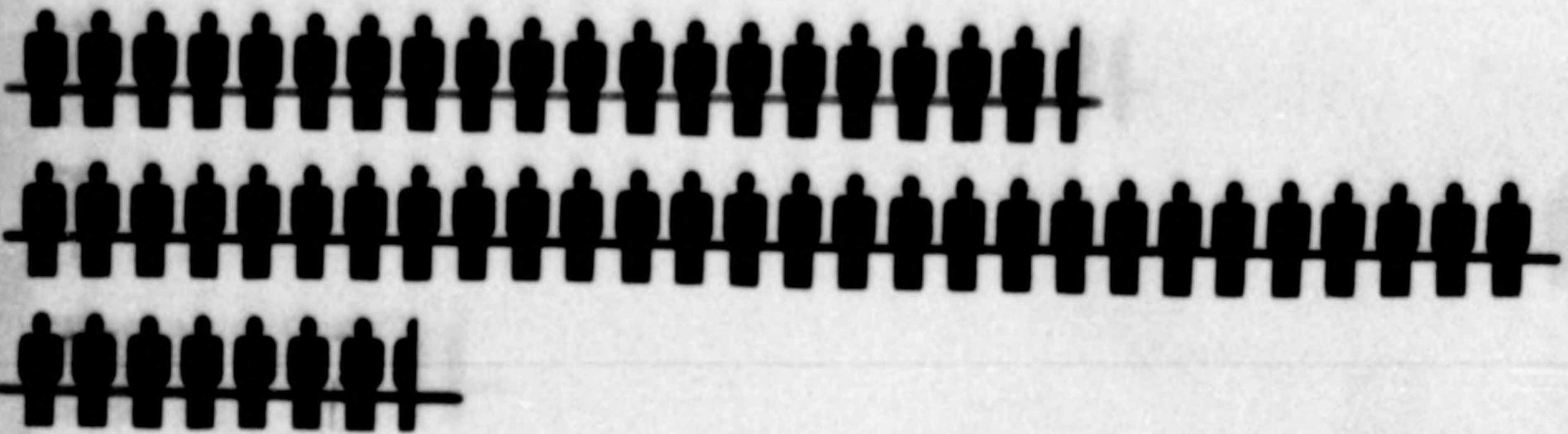
## SOCIAL INSURANCES

LAW	COVERAGE *	FINANCED	BENEFITS
HEALTH INSURANCE (1922)	8.1 INDUSTRIAL WORKERS + 14.0 DEPENDENTS	EMPLOYER-EMPLOYEE (50-50) +	MEDICAL, # SUBSISTENCE, FUNERAL
NATIONAL HEALTH INSURANCE (1938)	27.9 RURAL + SELF EMPLOYED + DEPENDENTS	INSURED +	MEDICAL, FUNERAL
SEAMEN'S INSURANCE (1939)	0.1 SEAMEN + 0.2 DEPENDENTS	EMPLOYER-SEAMEN (68-32) +	MEDICAL, #, SUBSISTENCE, INVALIDITY, RETIREMENT, OLD AGE, UNEMPLOYMENT, FUNERAL, SURVIVORS
WELFARE PENSION INSURANCE (1941)	5.9 INDUSTRIAL WORKERS	EMPLOYER-EMPLOYEE (50-50)	INVALIDITY, RETIREMENT, OLD AGE, SURVIVORS
UNEMPLOYMENT INSURANCE (1947)	5.8 INDUSTRIAL WORKERS	EMPLOYER-EMPLOYEE GOV'T (1/3 EA.)	UNEMPLOYMENT
WORKMEN'S ACCIDENT COMP. INSURANCE (1947)	6.7 INDUSTRIAL WORKERS	EMPLOYER	MEDICAL, #, SUBSISTENCE, INVALIDITY, FUNERAL, SURVIVORS
LABOR STANDARDS LAW (PUB. EMPL. ACCIDENT COMP.) (1947)	2.7 PUBLIC OFFICIALS AND EMPLOYEES	GOVERNMENT	MEDICAL, #, SUBSISTENCE, INVALIDITY, FUNERAL, SURVIVORS
NATIONAL PUBLIC SERVICE MUTUAL AID ASSOCIATIONS (1907) ##	2.1 GOVERNMENT OFFICIALS AND EMPLOYEES + 3.8 DEPENDENTS	GOVERNMENT-EMPLOYEE (50-50)	MEDICAL, #, SUBSISTENCE, FUNERAL, CALAMITY, INVALIDITY++, OLD AGE++, SURVIVORS++
SEPARATION ALLOWANCES (1947)	2.7 PUBLIC OFFICIALS & EMPL.	GOVERNMENT	UNEMPLOYMENT, SURVIVORS

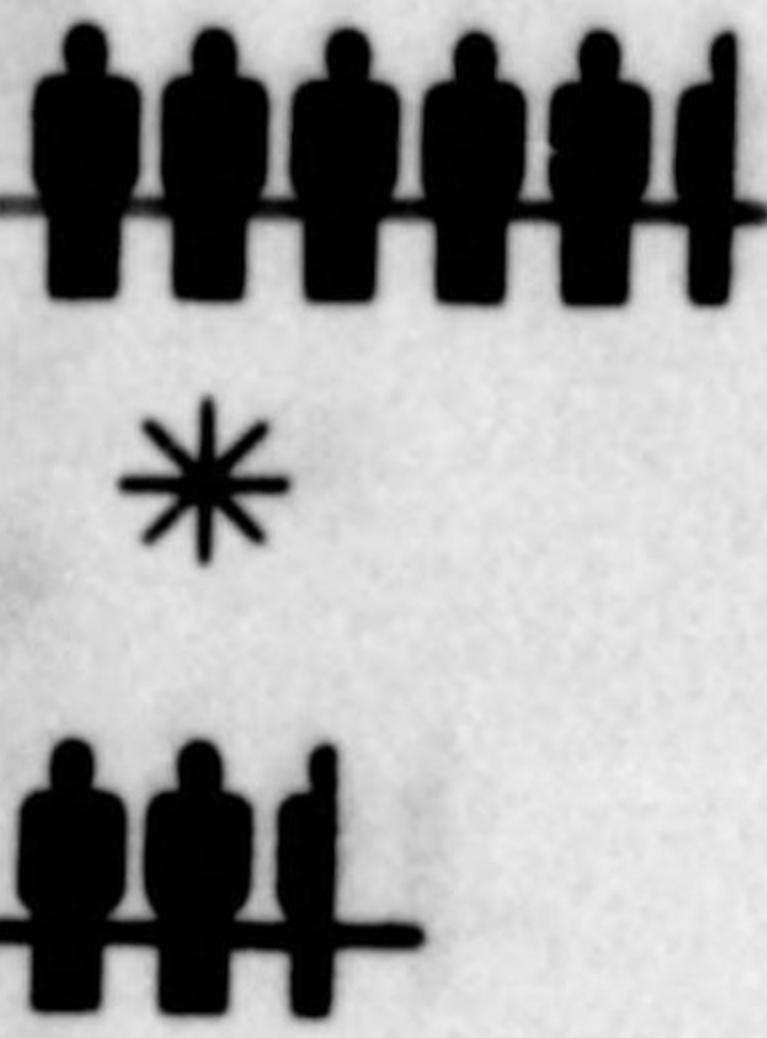
- \* NUMBERS IN MILLIONS
- + PLUS GOVERNMENT SUBSIDY
- # INCLUDES CASH PAYMENT FOR MEDICAL AND RELATED SERVICES
- \*\* INTERIM STATUS PENDING ENACTMENT OF LAW TO SUCCEED 1892 ORDINANCE
- ## LAW AS REVISED IN 1948
- ++ EMPLOYEES ONLY

# SOCIAL INSURANCE

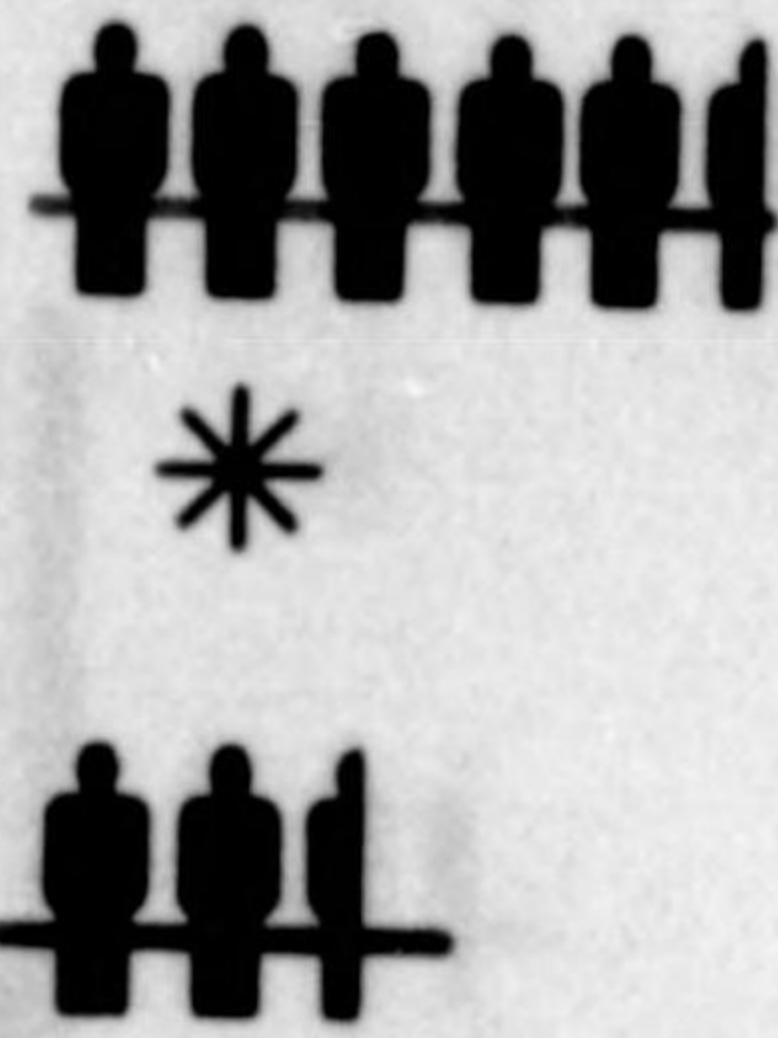
## JAPAN, 1949



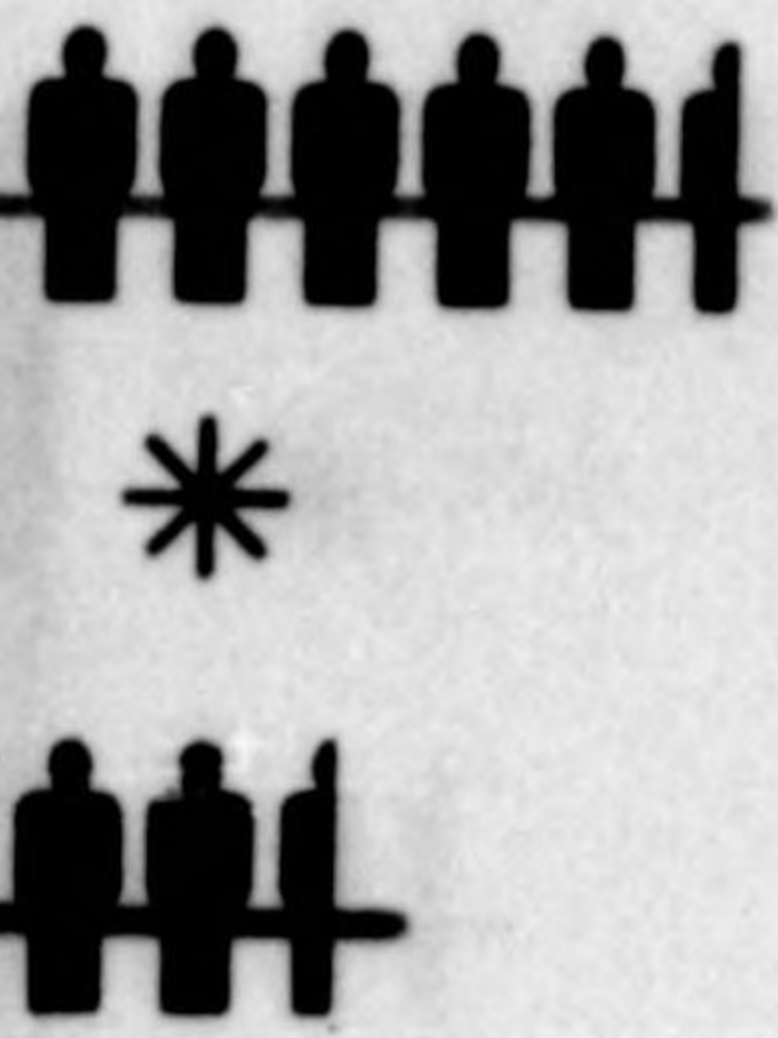
### TEMPORARY DISABILITY



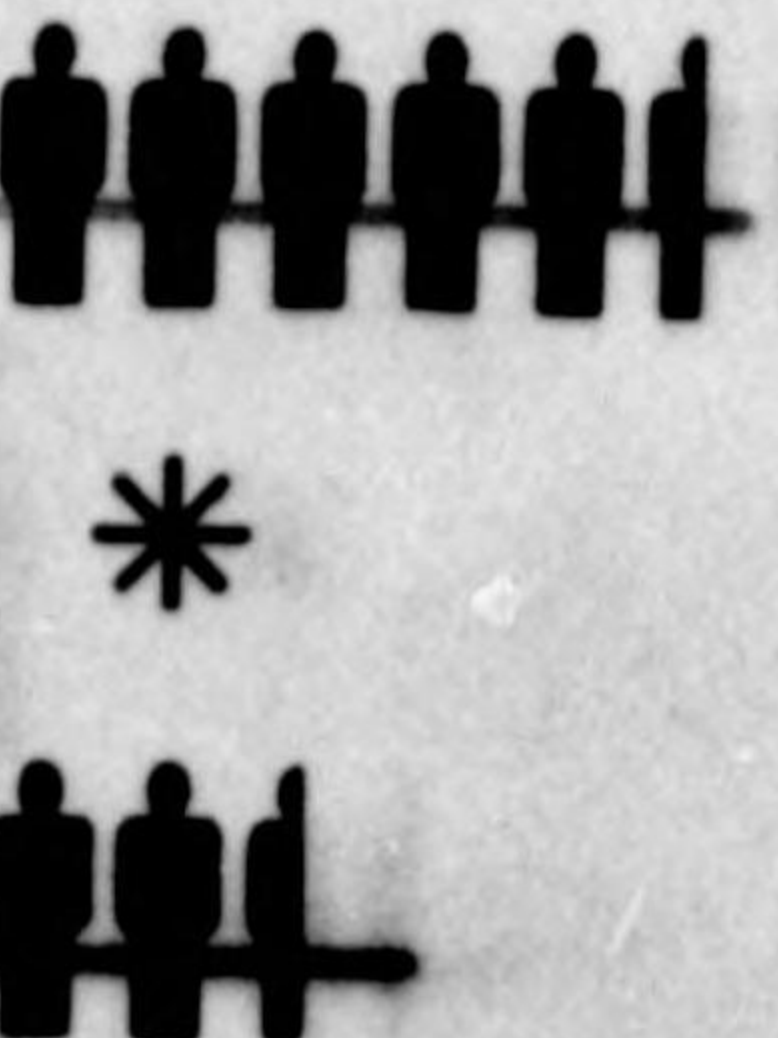
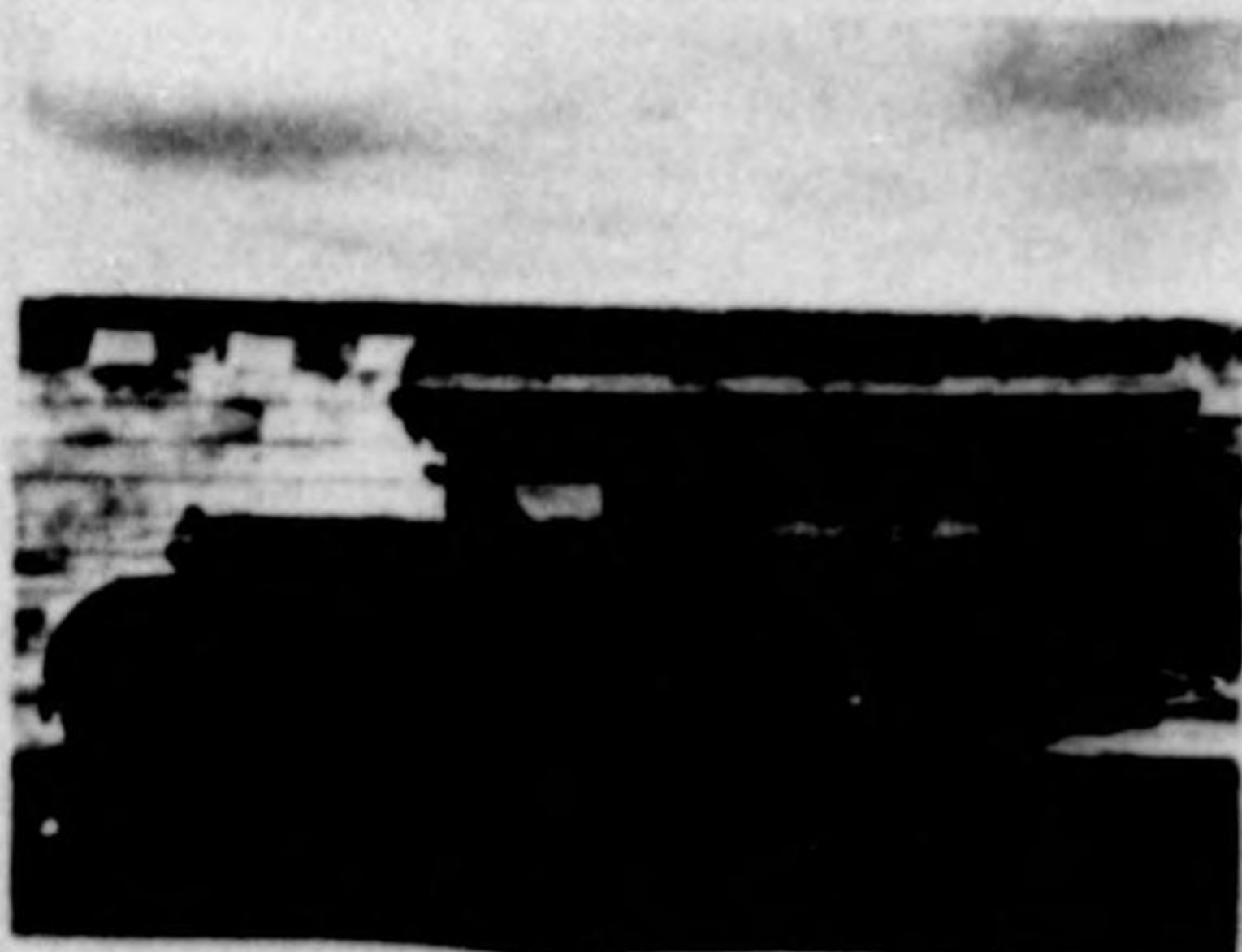
### PERMANENT DISABILITY



### UNEMPLOYMENT



### OLD AGE



### DEATH

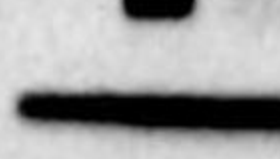
EACH UNIT REPRESENTS ONE MILLION PERSONS:



INDUSTRIAL WORKERS AND DEPENDENTS



RURAL AND/OR SELF-EMPLOYED AND DEPENDENTS



Government officials and employees



NONE COVERED





**WELFARE  
DISTRICTS**



**BRANCH  
OFFICES**

**PUBLIC ASSISTANCE:**

**LIVING AID  
FUNERAL AID  
BIRTH AID  
OCCUPATION AID**

**CHILD WELFARE:**

**CONSULTATION AND  
GUIDANCE  
INSTITUTIONAL CARE  
HOME SERVICE  
PROTECTION FROM  
EXPLOITATION  
DELINQUENCY  
PREVENTION**

**CASH BENEFITS:**

**MATERNAL  
INVALIDITY  
OLD AGE SURVIVORS  
UNEMPLOYMENT**

**MEDICAL SERVICE BENEFITS:**

**HOSPITALIZATION  
REST HOMES  
PHYSICIAN'S CARE  
NURSING CARE  
DENTAL CARE  
APPLIANCES  
TRANSPORTATION**



**HEALTH  
CENTER  
DISTRICTS**

**COMMUNICABLE DISEASE  
CONTROL  
VENEREAL DISEASE  
CONTROL  
TUBERCULOSIS CONTROL  
PUBLIC HEALTH  
STATISTICS  
ENVIRONMENTAL AND  
FOOD SANITATION  
PUBLIC HEALTH EDUCATION  
PUBLIC HEALTH NURSING  
MATERNAL AND CHILD  
HYGIENE  
PUBLIC HEALTH  
LABORATORY  
DENTAL HYGIENE  
NUTRITIONAL  
SERVICES  
MEDICAL SOCIAL  
SERVICES**



**MEDICAL  
SERVICE  
DISTRICTS**

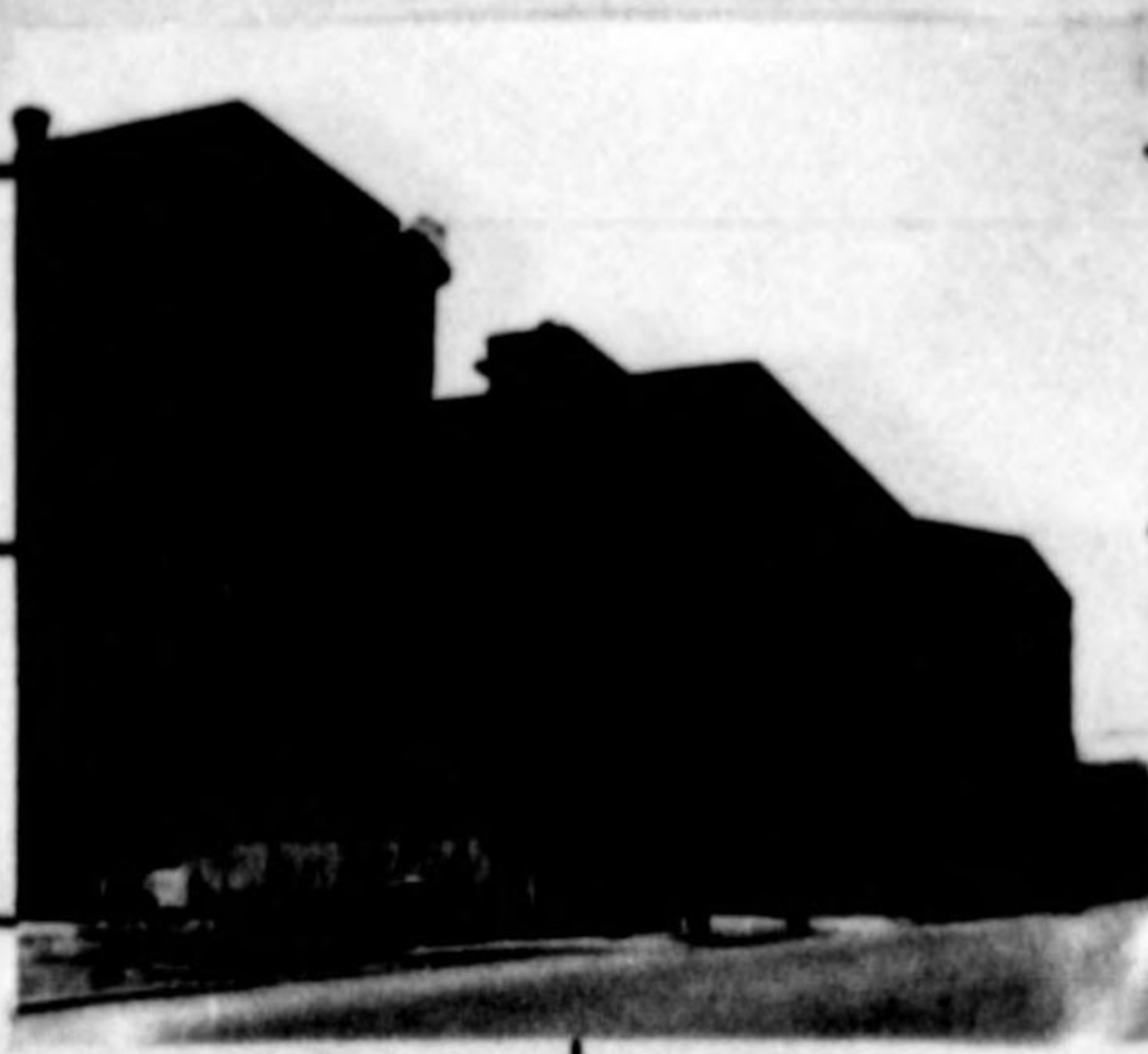
**HOSPITALS  
MEDICAL OFFICES  
CLINICS  
DENTAL CLINICS  
DENTAL OFFICES  
NURSING HOMES  
MATERNAL HOSPITALS  
SUPERVISION OF CLINICS  
LOCAL MEDICAL  
ASSOCIATIONS  
LOCAL DENTAL  
ASSOCIATIONS**

# MINISTRY OF WELFARE

**DISEASE PREVENTION BUREAU**

**MEDICAL AFFAIRS BUREAU**

**PHARMACEUTICAL BUREAU**



**SOCIAL AFFAIRS BUREAU**

**INSURANCE BUREAU**

**CHILDREN'S BUREAU**



**PREFECTURAL HEALTH DEPARTMENTS**

**PREFECTURAL WELFARE DEPARTMENTS**



**HEALTH CENTER DISTRICTS**

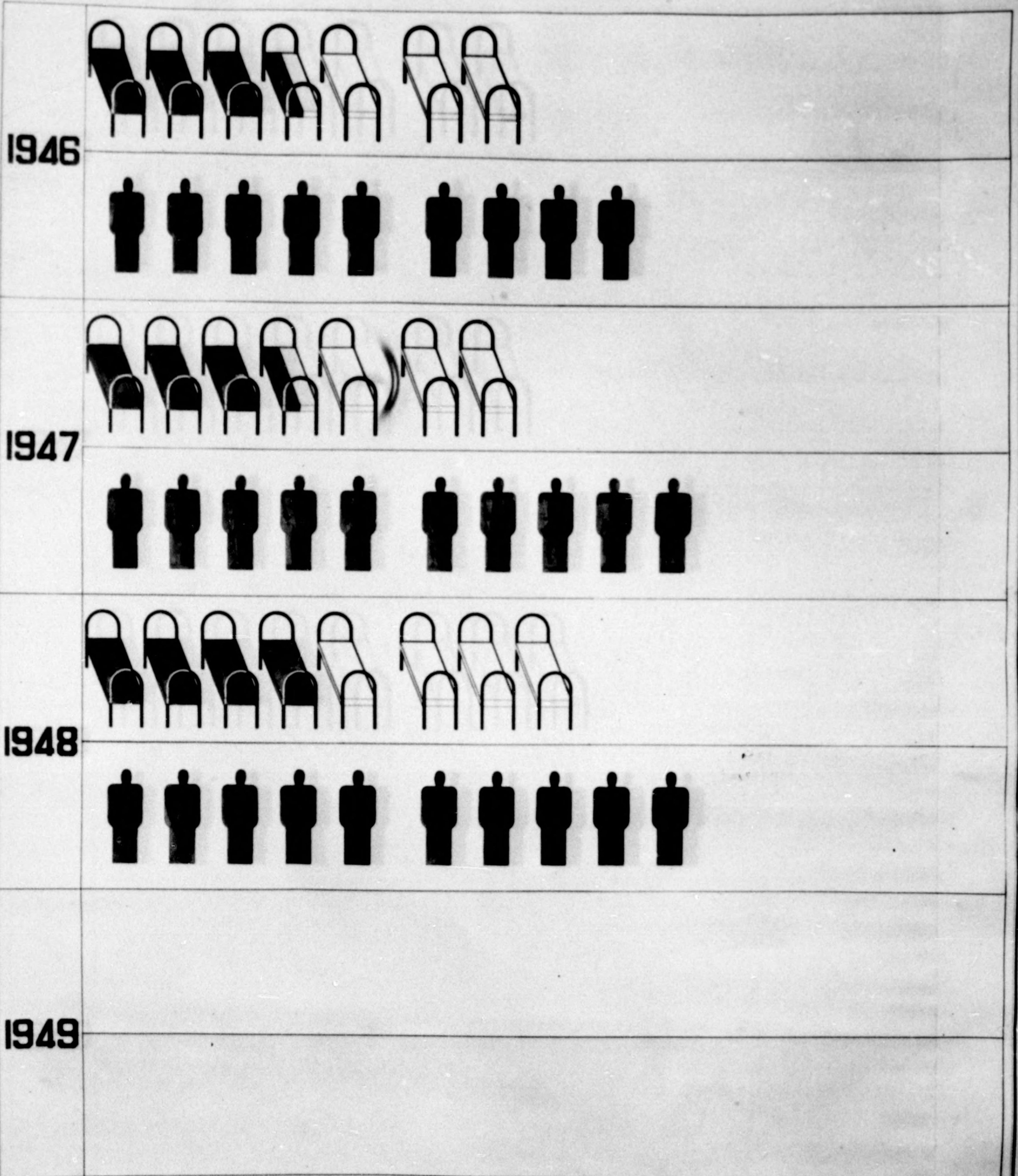
**MEDICAL SERVICE DISTRICTS**




**WELFARE DISTRICTS**

**BRANCH OFFICES**

# HOSPITAL PATIENTS

## JAPAN, 1946-1948



	DAILY	1946	1947	1948	1948
 BED CAPACITY		209,000	217,000	239,000	
 BEDS OCCUPIED		105,000	106,000	122,000	
 OUT PATIENTS		264,000	303,000	302,000	

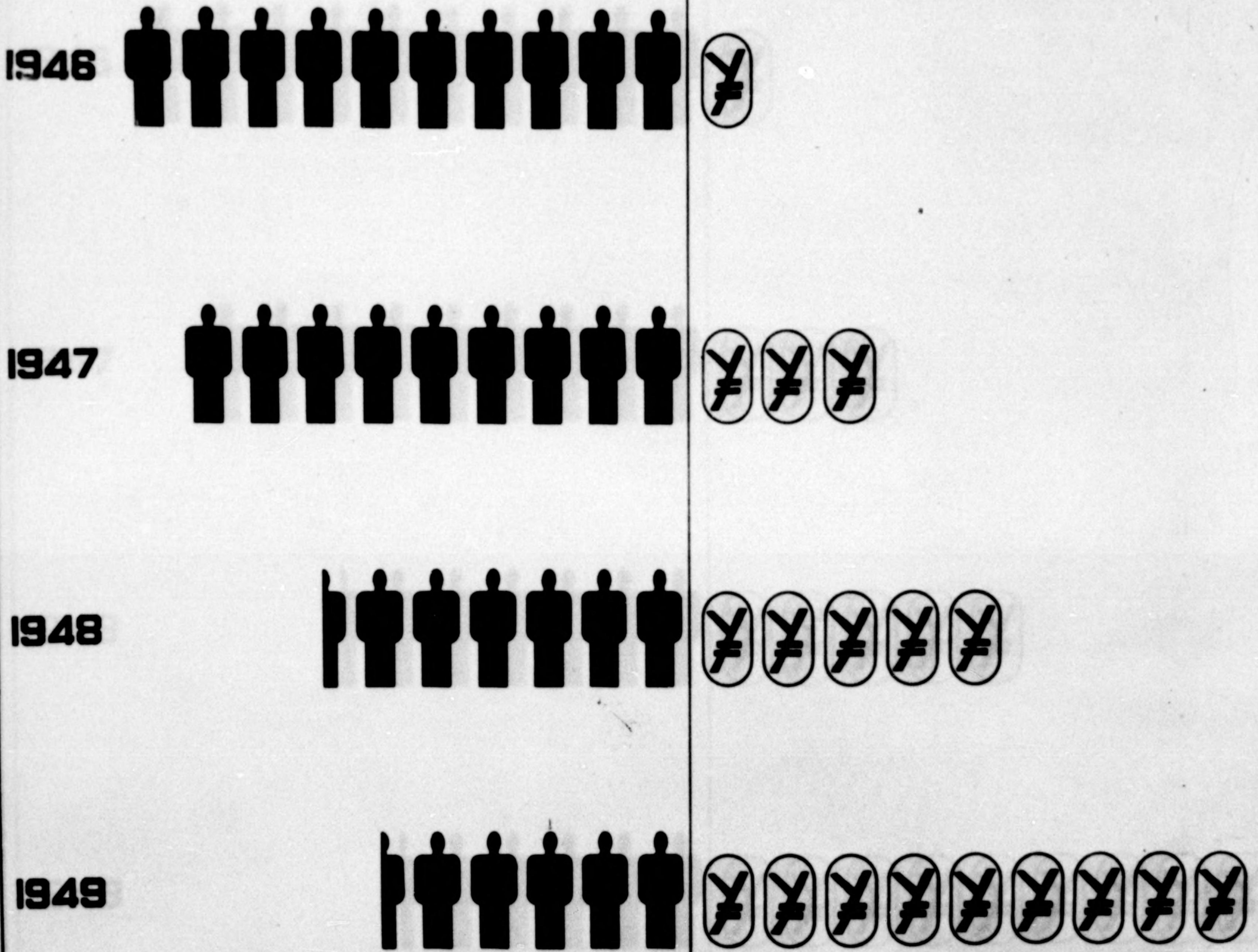
FIGURES REPRESENTS 10,000 UNITS

# PUBLIC ASSISTANCE



## JAPAN: 1946-1949

PERSONS

COST



ALL DATA ARE FOR MONTH OF AUGUST OF THE YEAR INDICATED

EACH FIGURE	1946	1947	1948	1949
 300,000 PERSONS	2953,298	2,688,891	1,903,539	1,681,166
 100,000,000 YEN	101,785,455	315,567,188	479,065,048	891,879,399