S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

43167

FILED JAN 9 1948

State File No.

Registration District No. 314

Primary Registration District No. 1003

Registrar's No. 11920

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3044a Sherdian (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17

(d) Street No. 3044a Sherdian (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 21 0

If yes, name country

3. (a) PRINT FULL NAME Bettie Johnson

3. (b) If veteran, name war

3. (c) Social Security No. Widow

4. Sex F 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 24 (Day) 1877 (Year)

8. AGE: Years 70 Months 5 Days 0 If less than one day hr. min.

9. Birthplace (City, town, or county) Ark (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Ellison Hill
13. Birthplace (City, town, or county) Ark (State or foreign country)

MOTHER
14. Maiden name Missouri
15. Birthplace (City, town, or county) Ark (State or foreign country)

16. (a) Informant Quieeaster, Sullivan,
(b) Address 3044a Sherdian

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director F. A. Green
(b) Address 4214 Delmar Bl.

19. (a) DEC 30 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1947 hour 7 minute 30 a M.

21. I hereby certify that I attended the deceased from 12-18, 1947, to 12-24, 1947, that I last saw her alive on 12-22, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema & ascites

Due to Carcinoma (Abdominal) wall

Due to

Other conditions (Include pregnancy within 3 months of death) 1/2

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 Ka Cadena Allen MD (M. D. or other)

Address 823a N 16 St Louis Mo. Date signed 12-24-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Guyton W. Swan, Registered Apprentice No. 101, working under my personal supervision.

Signed J. G. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.