S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19529
Registrar's No. 2531

Registration District No. 149
Primary Registration District No. 1001

1. PLACE OF DEATH:
(a) County: JACKSON
(b) City or town: KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: KCTB HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 mo - 1 day (Specify whether years, months or days)
In this community: 3 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL")
(d) Street No.: 1012 E. 16th ST (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

48 3 8 0

3. (a) PRINT FULL NAME: Johnson, Birdie
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: F
5. Color or race: NEGRO
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Johnson, Elbert
6. (c) Age of husband or wife if alive: 35 years
7. Birth date of deceased: FEB (Month) 5 (Day) 1921 (Year)

8. AGE: Years 27 | Months 4 | Days 6 | If less than one day: hr. min.
9. Birthplace: Little Rock (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation: Maid
11. Industry or business:
FATHER 12. Name: Hall, Lexie
13. Birthplace: Ringold (City, town, or county) LA (State or foreign country)
MOTHER 14. Maiden name: O'Neal, George
15. Birthplace: Ringold (City, town, or county) LA (State or foreign country)
16. (a) Informant: KCTB Hospital
(b) Address: Leeds, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Shreveport, La.
18. (a) Signature of funeral director: Nathan Bros.
(b) Address: 1729 Lydia Ave.
19. (a) 6-16-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: JUNE day: 11 TH year: 1948 hour: 6 00 P.M. minute: M.
21. I hereby certify that I attended the deceased from 12-10-47, 19..., to 6-11-48, 19...; that I last saw him alive on 6-11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Pulmonary Tbc.	1 yr.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 13 K
Of autopsy:

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: William Donald May (M. D. or other) M.D.
Address: K. C. 3, Mo. Date signed:

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed D. Jerome Malone

Licensed Embalmer No. 3994

P. O. Address 2523 Highland

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.