

No. 300
-10-47
-17-39
PI 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

26388

FILED AUG 26 1948

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3263

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 hours
In this community 3 1/2 hours (Specify whether years, months or days)

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. 4931 Montgall
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Paula Jean JOHNSON

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased August 10, 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 3 hr. 30 min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Elmer J. Johnson

13. Birthplace Higginsville, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Helen M. Schram

15. Birthplace Peru, Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Elmer J. Johnson

(b) Address 4931 Montgall, K.C., Mo.

17. (a) Burial (b) Date thereof 8-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 8-11-48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10
year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 10
1948 to 8-10, 1948
that I last saw him alive on 8-10-48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 20mi

Due to atelectasis of lungs 3 hours

Due to prematurity 7 1/2 mo

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 159
Of operations _____

Of autopsy As above PHYSICIAN _____
Underline the cause to 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature John Thompson (M. D. or other) MP
Address 1105 Grand K. em Date signed 8-11-48

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

MOTHER FATHER

93-0190 Stamer
Bryant Bldg.

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 Allen E. Heck
Licensed Embalmer No. 4063
P. O. Address Kansas City, 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.