

No. 300  
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5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36642

FILED DEC 14 1948  
Registration District No. 449

Primary Registration District No. 1002

State File No. 4962  
Registrar's No.

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

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY

(c) Name of hospital or institution: GENERAL HOSPITAL # 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In-hospital or institution 27 das, 18 hrs, 15 min

In this community 35 years

3: (a) PRINT FULL NAME ALLIE JOHNSON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MALE 2- 5. Color or race NEGRO

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

6. (b) Name of husband or wife BERNICE JOHNSON

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased NOVEMBER 12th 1893

8. AGE:

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>55</u> | <u>0</u> | <u>20</u> | hr. min.             |

9. Birthplace CENTERVILLE, KANSAS

10. Usual occupation DAY LABORER

11. Industry or business

12. Name ELEX JOHNSON

13. Birthplace TENNESSEE

14. Maiden name LUCINDA MILLIGAN

15. Birthplace KENTUCKY

16. (a) Informant Wife: Bernice Johnson

(b) Address 1315 Virginia

17. (a) Burial (b) Date thereof: 12/6/48

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director W. H. ...

(b) Address 1729 Lydia Avenue

19. (a) 12-4-48 (b) Berlinda Holmes

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY

(d) Street No. 1315 Virginia

(e) Citizen of foreign country? NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 2nd

year 1948 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from NOVEMBER 5th 1948 to DECEMBER 2nd 1948

that I last saw him alive on DECEMBER 2nd 1948

and that death occurred on the date and hour stated above.

Immediate cause of death PRIMARY BRONCHOGENIC CARCINOMA OF RT. LUNG WITH MULTIPLE METASTASIS

Due to

Due to

Other conditions HTC

Major findings: Of operations

Of autopsy SAME AS ABOVE

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? E. Frank Ellis

(Specify type of place)

While at work (e) Means of injury

23. Signature Frank Ellis (M. D. or other)

Address 600 East 22nd St Date signed 12/2/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 Bruce Riley

Licensed Embalmer No. 4500

P. O. Address 2506 Benton Blvd

**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.**