

Registration District No. 149 Primary Registration District No. 1002

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 hrs.
(Specify whether
 In this community 12 hrs.
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. 615 E. 9 St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Bernice Irene Burnett

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 Infant

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 1 - 47
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>12</u> hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Child

12. Name Engene Burnett

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

14. Maiden name Annis Taylor
(City, town, or county) (State or foreign country)

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

16. (a) Informant Record Clerk

(b) Address 15 E. Sun Hosp

17. (a) Removal (b) Date thereof 3-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia MO

18. (a) Signature of funeral director Walter J. ...

(b) Address Columbia MO

19. (a) 3-3-47 (b) Thelma Holmes
(Date received loc) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
 year 1947 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from
March 1, 1947, to March 2, 1947
 that I last saw her alive on March 2, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Adrenal hemorrhage
 Duration _____

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: 11210

Of operations _____

Of autopsy see above

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 Wm W Hart (M. D. or other) Med
 Address Med. Dir. Gen'l Hosp Date signed 3-3-47

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

MOTHER FATHER

*Dr. Kessler
Residence*

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.....

..... *not Embalmed*, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Wm A. Stanger*

Licensed Embalmer No..... *3089*

P. O. Address..... *TC MD*

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.