No. 2
-1/47
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

State File No. 24116

FILED AUG 5 1947

Registration District No. ____ Primary Registration District No. 1002 Registrar's No. 3018

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) 3
(c) Name of hospital or institution: 4305 Troost Avenue (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 18 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 1108 E. 42d Street (If rural, give location) 8 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Robert Ray BURNETT
3. (b) If veteran, name war: no
3. (c) Social Security No.: 494-12-4067
4. Sex: male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: married 1
6. (b) Name of husband or wife: Mary Frances Burnett
6. (c) Age of husband or wife if alive: 26 years
7. Birth date of deceased: December (Month) 27, (Day) 1920 (Year)

8. AGE: Years 26 Months 6 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace: Wichita, (City, town, or county) Kansas 1 (State or foreign country)
10. Usual occupation: Cab Driver
11. Industry or business: L.K. Cab Company
MOTHER FATHER
12. Name: Ray Burnett
13. Birthplace: Unknown (City, town, or county) Oklahoma 1 (State or foreign country)
14. Maiden name: Inez Offutt
15. Birthplace: Unknown (City, town, or county) Oklahoma 1 (State or foreign country)
16. (a) Informant: Mrs. Inez Pittman
(b) Address: 2843 Troost, K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cem.
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 7-17-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 16 year 1947 hour 12 minute 15 A. M.
21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Fractured skull
Due to: Crushed chest
Due to: Fractured Rt shoulder
Other conditions (Include pregnancy within 3 months of death): Auto + Street car

Major findings:
Of operations: TOB
Of autopsy: no
History + Inspection

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): accident
(b) Date of occurrence: 7-16-47 123
(c) Where did injury occur? KC Jackson mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury: Auto Trauma
23. Signature: James Walker (M. D. or other) Coro 3
Address: 1414 Mo Blvd Date signed 7-16-47

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address K. C. 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.