No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 20 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8612

Registrar's No. 985

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

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: C. G. Western R R Yards 6th Mulberry
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 31 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 17B. Kessler Road 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME EDWARD M. BURNETT ~~Martin Edward Burnett~~

3. (b) If veteran, name war World War II

3. (c) Social Security No. 486-[illegible]-7790 unknown

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Mrs Marie Burnett

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Dec (Month) 27 (Day) 1916 (Year)

8. AGE: Years 31 Months 2 Days ~~3~~ 5 If less than one day _____ hr. _____ min.

9. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Switchman

11. Industry or business Railroad

12. Name Robert Burnett

13. Birthplace Des Moines (City, town, or county) Iowa 1 (State or foreign country)

14. Maiden name Theresa Battles

15. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs Marie Burnett

(b) Address 17-B Kessler Road K C Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Burk & Tobin

(b) Address 20 West Linwood

19. (a) 3-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MOTHER FATHER

Cert. by att. 3-29-48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day March year 1948 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__;
that I last saw h_____ alive on _____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Crushing Injury to Pelvis

Due to Railroad Trauma

Other conditions (Include pregnancy within 3 months of death) Deputy Coroner

Major findings:
Of operations _____ 169-6

Of autopsy History & Inspection 8

Duration

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) Accident 123

(b) Date of occurrence 3/2/48

(c) Where did injury occur? Kansas City (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? Yes (e) Means of injury Trauma

23. Signature A. E. Ussher (M. D. or other) MD

Address 2800 Main Date signed 3/2/48

(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 Howard W. Farmer

Licensed Embalmer No. 4134

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No.
Local Registrar's No. 985

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2nd day of April, 1948, before me appears Mrs. Marie Burnett, who, upon her oath, states that the original record of birth/death for Edward M. Burnett, died/born March 2, 1948, in the State of Missouri, and which was filed at Kansas City, Mo. on 3-3, 1948, should be corrected as follows:

Item No. 3a should read Edward M. Burnett
Instead of Martin Edward Burnett

Item No. 3c should read 486-07-7790
Instead of unknown

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant X Mrs. Marie Burnett Wife
Relationship.

5810 Brooklyn Avenue
Present Address.

Subscribed and sworn to before me this 2nd day of April, 1948.

My Commission expires May 12 1950 Mary C Teurk Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
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