

No. 300
1-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40044**
5238
Registrar's No. _____

Registration District No. **199**

Primary Registration District No. **1002**

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: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether
In this community **1 life** 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. **5810 Brooklyn** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **David Alan BURNETT**
(b) If veteran, name war **No**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **23rd**
year **1948** hour _____ minute _____ M. _____

4. Sex **Male** 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

21. I hereby certify that I attended the deceased from **birth**
_____ 19 _____ to **12-23** 19**48**
that I last saw her alive on **12/23** 19**48**
and that death occurred on the date and hour stated above.

7. Birth date of deceased **Nov. 10, 1948**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
0 1 13 hr. _____ min. _____

Immediate cause of death
Congenital Heart Disease Duration **birth**
Due to **heart failure**
Due to _____

9. Birthplace **Kansas City** **Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Infant**
11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **1579**
Of operations _____
Of autopsy _____

MOTHER FATHER { 12. Name **Edward M. Burnett**
13. Birthplace **Kansas City** **Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Marie Ward**
15. Birthplace **Rock Springs** **Wyoming**
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Marie Burnett**
(b) Address **5810 Brooklyn, K. C. Mo.**
17. (a) **Burial** (b) Date thereof **12-24-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **Calvary Cemetery**
18. (a) Signature of funeral director **Melody McGilley-Eyler**
(b) Address **Kansas City, Mo.**
19. (a) **12-25-48** (b) **Waldine Holmes**
(Date received local registrar) (Registrar's signature)

George V. Herrman (Specify type of place) _____
While at work? _____ (c) Means of injury _____
23. Signature **George V. Herrman** (M. D. or other)? _____
Address **411 Aldreda Rd** Date signed **12/29/48**

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 *Alvin E. Heck*.....

..... Licensed Embalmer No. *4053*.....

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.