

8. No. 300
M-10-47
v. 5-17-39
I 3908

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

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JAN 15 1949

Registration District No. 449

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

40045

5304

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 days
(Specify whether
In this community 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. 102 W. Armour
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Leo Burnett

3. (b) If veteran, name war No

3. (c) Social Security No. No Record

4. Sex Ma

5. Color or race Wh

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

6. (b) Name of husband or wife XX

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

7. Birth date of deceased June 4 1887
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 23
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Salesman

11. Industry or business K.C. Power & Light Co.

12. Name William Burnett

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

14. Maiden name Mary Blake
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Burnett

(b) Address 102 W. Armour

17. (a) Burial (b) Date thereof 12-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's

18. (a) Signature of funeral director J.W. Wagner

(b) Address Kansas City, Mo.

19. (a) 12-29-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 17, 1948, to Dec. 27, 1948;
that I last saw him alive on Dec. 27, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive cardiovascular renal disease

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy None

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) _____

(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? Wm. W. Hart

While at work? _____ (Specify type of place)
(e) Manner of injury _____

23. Signature Wm W Hart (M.D. or Registrar's signature)
Address Med. Dir. Gen'l Hosp. Date signed 12-29-48

M. Blank

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 R. Haunschild*

Licensed Embalmer No. *4159*

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.