

S. No. 2  
M-5-42  
R. 5-17-39  
PI X32

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30634

State File No. \_\_\_\_\_

3972

FILED SEP 28 1943

Registration District No. 149

Primary Registration District No. 100 2

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3 East 56 Street Terrace. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community 75 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME William E. BURNETT.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Burnett

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June 16th 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 2 28 hr. \_\_\_\_\_ min.

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

10. Usual occupation Owner

11. Industry or business Burnett Meat Co.

MOTHER FATHER {

12. Name John Burnett

13. Birthplace Cincinnati Ohio /  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Weber.

15. Birthplace Unknown Pennsylvania /  
(City, town, or county) (State or foreign country)

16. (a) Informant William E. Burnett Jr.

(b) Address 1030 West 65th Street.

17. (a) Burial (b) Date thereof 9/17/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley.

(b) Address K. C. Mo.

19. (a) 9-16-43 (b) J. E. Brown, Dep.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3 East 56st Terrace.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 14th  
year 1943 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 1941, to Sept 14 1943—  
that I last saw him alive on Sept 14 1943—  
and that death occurred on the date and hour stated above.

Immediate cause of death Diagnosis of tumor with metastases  
carcinoma of ant cervical glands  
Due to Right

Duration 5 yrs  
2 yrs  
1 yr

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  Of operations \_\_\_\_\_

Of autopsy Same 55e

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? \_\_\_\_\_

While at work?  (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Francis D. Carey (M. D. or other) \_\_\_\_\_  
Address Union Bldg Date signed 9-15-43

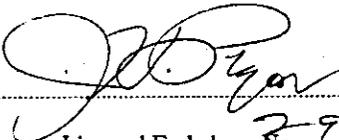
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**STATEMENT BY LICENSED EMBALMER**

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, .....  
Licensed Embalmer No. 2989.....  
P. O. Address KC.....

**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.**