

Registration District No. **149**

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:  
**ST. JOSEPH'S HOSPITAL**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 DAY**  
(Specify whether years, months or days)  
 In this community **40 YEARS**

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.")  
 (d) Street No. **3119 FLORA AVENUE** 8  
(If rural, give location)  
 (e) Citizen of foreign country? **YES** (Yes or No)  
 If yes, name country **ENGLAND**

3. (a) PRINT FULL NAME **MR. FRED CHARLES BURNETT**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **486-05-5987**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) ~~Single, widowed, married,~~  
~~divorced.~~ **MARRIED**  
 6. (b) Name of husband or wife **MRS. FRANCES BURNETT** 6. (c) Age of husband or wife if alive **60** years  
 7. Birth date of deceased **OCTOBER 10 1883**  
(Month) (Day) (Year)

8. AGE: Years **64** ~~65~~ Months **9** Days **18**  
 If less than one day hr. min.

9. Birthplace **ENGLAND**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business **MISSOURI GAS COMPANY - RICHMOND**

12. Name **HENRY BURNETT**

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

14. Maiden name **LAWRENCE**

15. Birthplace **BRISTOL ENGLAND 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs F.C. Burnett**

(b) Address **3119 Flora Ave**

17. (a) **BURIAL** (b) Date thereof **JULY 30 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **MT. WASHINGTON CEMETERY**

18. (a) Signature of funeral director **P.W. Murren's Sons**

(b) Address **1401 Grand Blvd. Phil**

19. (a) **7-29-48** (b) **Seraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **JULY** day **28<sup>TH</sup>**  
 year **1948** hour **12** minute **30** A.M.

21. I hereby certify that I attended the deceased from **JAN 27 1948** to **JULY 28 1948**  
 that I last saw him alive on **JULY 27 1948**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **RESORPTION OF SEVERE CONCUSSION WITH LACERATION OF BRAIN**  
Duration 1938

Due to \_\_\_\_\_

Due to **STROKE**

Other conditions **260927**  
(Include pregnancy within 3 months of death)

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

Of autopsy **61**

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?  
(Specify type of place) (e) Means of injury

23. Signature **B.C. Greenwald** (M. D. or other)

Address **6241 Burnside St. Kansas City Mo. 28-48**

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

MOTHER FATHER

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

6 1410 Campbell Ave  
1-41-7-9

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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

*Robert Ray*

Licensed Embalmer No. *4182*

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.**