No. 300
-10-47
-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 11 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36418

Registrar's No. 4845

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: 1017 LOCUST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 45 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JACKSON 48

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

(d) Street No. 1017 LOCUST 8
(If rural, give location) 0

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

If yes, name country ____

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN BURNETTE

3. (b) If veteran, name war NO

3. (c) Social Security No. 486-03-1294

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife NELLIE

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased MAR. (Month) 7 (Day) 1898 (Year)

8. AGE: Years 50 Months 8 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace KANS. (City, town, or county) ____ (State or foreign country)

10. Usual occupation SALES MGR.

11. Industry or business ____

FATHER
12. Name B. F BURNETTE
13. Birthplace MO. (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name KATHLEEN HOWLETT
15. Birthplace ALABAMA. (City, town, or county) ____ (State or foreign country)

16. (a) Informant VERNON H. BURNETTE.
(b) Address 5409 WAYNE

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 11 27 48 (Month) (Day) (Year)
(c) Place: burial or cremation ELMWOOD

18. (a) Signature of funeral director STINE & McCLURE
(b) Address K. C. MO.

19. (a) 11-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 25 year 1948 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from April 10, 1948, to NOV 25, 1948; that I last saw him alive on NOV 20, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Bronchial Pneumonia	5 days
Due to Carcinoma of Rectum	1 yr
Due to Secondary Carcinoma of Liver	10 Mo.+
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations April 29, 48. Carcinoma of Rectum
Of autopsy ____

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) (e) Means of Injury ____

23. Signature F. I. Wilson (M. D. or other) M.D.
Address 116 W 47th St Date signed 11 26 48

(Licensed Embalmer's Statement on Reverse Side)

8.2111

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 H Reed.....

Licensed Embalmer No...3745.....

P. O. Address.....KC. 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.