

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1192**
Registrar's No. **22**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) 5424 Tracy					
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) L.		c. (Last) BURNETT		4. DATE OF DEATH (Month) (Day) (Year) 1 3 49			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Apr. 25, 1881			
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sherriff			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Michael E. Burnett			13b. MOTHER'S MAIDEN NAME Margaret A. O'Connor			14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. (If yes, give no. or dates of service) Spanish American none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Thomas L. Ryan 5424 Tracy K.C. Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforation peptic ulcers ANTECEDENT CAUSES DUE TO (b) Peritonitis and bowel obstruction (paralytic ileus) DUE TO (c) as above - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 540.1						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION Dec 28 49		19b. MAJOR FINDINGS OF OPERATION as above				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Dec 26 1949 , to Jan 3 1949 , that I last saw the deceased alive on Jan 3 1949 , and that death occurred at 10:03A m., from the causes and on the date stated above.									
23a. SIGNATURE Vincent T. Williams (Degree or title) <i>Vincent T. Williams M.D.</i>				23b. ADDRESS 836 Argyle Bldg. 28K. C. Mo.		23c. DATE SIGNED 1/4/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/5/49		24c. NAME OF CEMETERY OR CREMATORY St. Mary's		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 1-4-49		REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MELLODY-MCGILLEY-BYLAR Kansas City, Missouri.					

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *Allen E. Heck*

Signed _____
Student Embalmer

Licensed Embalmer No. 4063

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.