No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 8 1952

State File No. 34916

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4651

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 60 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 East 56th Terrace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3 East 56th Terrace 3838

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): C.
c. (Last): BURNETT

4. DATE OF DEATH (Month) (Day) (Year): Oct. 23, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1870 II-25-1868
9. AGE (In years last birthday): 81 ~~83~~ — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Wyondotte Co, Ks.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: MARK CASSIDY
13b. MOTHER'S MAIDEN NAME: MARGARET Goodwin
14. NAME OF HUSBAND OR WIFE: Wm. E. Burnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: W.E. BURNETT — ADDRESS: 5650 WARD PARKWAY - 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, asthenia, etc. It means the disease, injury or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gnerl-Arterio-sclerosis — 2 yrs
Anterior Nephrosclerosis
DUE TO (c) Cardiac Hypertrophy — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — 442X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

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) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 17, 1952, *to* Oct. 23, 1952, *that I last saw the deceased alive on* Oct. 23, 1952, *and that death occurred at* 8:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE Francis S. Carey (Degree or title): Francis S. Carey MD
23b. ADDRESS: Kansas City, Kans.
23c. DATE SIGNED: 10-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-25-52
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 10-24-52
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Mellody-McGilley-Eylar, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Mrs. Burnett

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.

Student _____
Student Embalmer

Signed, Glen E. Heck

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.

State of Missouri } ss.
County of Jackson

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 34916-52

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4651

On this 21st day of November, 1952, before me appears W. E. Burnett, who, upon his oath, states that the original record of ~~birth~~ death for Margaret C. Burnett, died October 23, 1952, 19..., in the State of Missouri, and which was filed at K. C., Missouri on 10/24/, 1952, should be corrected as follows:

Item No. 8 should read October 28, 1870
Instead of November 25, 1868

Item No. 9 should read 81 yrs.
Instead of 83 yrs.

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read Verified by photostatic copy
Instead of of family Bible record.

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wm E Burnett - Son
Relationship.

5650 Ward Parkway
Present Address. Kansas City, Mo.

Subscribed and sworn to before me this 21st day of November, 1952

My Commission expires April 21, 1956 Cornelia Murphy Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
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