

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

FORM 1 193511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 399 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:
117 East 70th Street, 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no.
(Specify whether
 In this community 27 years in Kansas City.
years, months or days)

8. (a) PRINT FULL NAME Dr. Luther Hays Burnett,
 3. (b) If veteran, name war no. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married,
 6. (b) Name of husband or wife Mrs. Laura J. Burnett, 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased February 24, 1855,
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>84</u>	<u>11</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Druggist and Physician,

11. Industry or business X

MOTHER FATHER
 12. Name Joseph Burnett,
 13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)
 14. Maiden name Lucy Cotton,
 15. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Laura J. Burnett,
 (b) Address 117 East 70th St., K. C., Mo.

17. (a) Burial, (b) Date thereof 2-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valley Falls, Kansas,
Stine & McClure,

18. (a) Signature of funeral director
 (b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Feb. 24, 1940 (b) m. McCreave
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri, (b) County Jackson.
 (c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
 (d) Street No. 117 East 70th St.,
(If rural, give location)
 (e) If foreign born, how long in U. S. A. no. years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February, day 22nd,
 year 1940, hour 2:30 minute P. M.
 21. I hereby certify that I attended the deceased from October
1939, to February 22, 1940;
 that I last saw him alive on February 22, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>acute cystitis</u>	<u>10 days</u>
Due to <u>Prostatic Hypertrophy</u> <u>Vesical Obstruction</u>	<u>years</u>
Due to _____	_____
Other conditions <u>Arteriosclerosis</u> <u>Coronary Sclerosis</u> <small>(Include pregnancy within 3 months of death)</small>	_____
Major findings: Of operations <u>none</u>	PHYSICIAN _____
Of autopsy <u>as above</u>	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 P. Lowery (M. D. or other) M.D.
 Address 315 Granada Road Date signed 2-23-40

Dr. Charles F. Lowry,

315 Alameda Road,

Va 6947 *ndt H 20M.*

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

E. M. Plank

Licensed Embalmer No. *1545*

P. O. Address *H. C. 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, above space should be left blank.