

SEP 5 1940 399

Registration District No.

Primary Registration District No.

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:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
Non-Resident (Specify whether
In this community years, months or days)

8. (a) PRINT FULL NAME DeWitt M. Burnett 653

8. (b) If veteran, No name war. 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 Viola Johnson Burnett 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 7, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 3 27 hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Unknown 9

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

14. Maiden name Unknown 9

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Viola Johnson Burnett

(b) Address Garnett, Kansas.

17. (a) Removal, (b) Date thereof 8-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garnett, Kansas.

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Aug 5, 1940 (b) M. M. Crome
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas, (b) County

(c) City or town Garnett,
(If outside city or town limits, write "RURAL")

(d) Street No. X
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1940, hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 31
1940, 19 to 7:00 Aug 4, 1940

that I last saw him alive on Aug 4, 1940, 19 ,
and that death occurred on the date and hour stated above.

Immediate cause of death

1. Lobar pneumonia 3 days
2. General arteriosclerosis

Due to Ida

Due to

Other conditions Strangulated Inguinal Hernia
(Include pregnancy within 3 months of death)
D. B. Nickol

Major findings: Resection of portion

Of operations of ileum

Of autopsy Lobar pneumonia

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 W. T. Kimbly (M. D. or other)

Address 836 Prof Bldg Date signed 8/5-1940

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

MOTHER FATHER

Dr. Hickok.

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.....

Licensed Embalmer No. *3992*

P. O. Address *R C M 6*

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.