V. S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

12468

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1398

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:
1425 Lydia Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 1425 Lydia Avenue 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lawrence Burgett

3. (b) If veteran, name war No

3. (c) Social Security No. 499-07-3916

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Irene Burgett

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased December 15, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	3	13	hr. min.

9. Birthplace Jefferson City, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name Unknown 0
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Burgett
(b) Address 1425 Lydia Avenue

17. (a) Burial (b) Date thereof 4/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Gathina Bros.
(b) Address 1729 Lydia Avenue

19. (a) 3-31-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
year 1948 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar. 20, 1948 to Mar. 28, 1948
that I last saw him alive on Mar. 28, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	
Due to	8 days
Due to	
Other conditions Influenza (Include pregnancy within 3 months of death)	12 days

Major findings:
Of operations
Of autopsy no 330

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature D. M. Miller, (M. D. ~~or other~~)
Address 1816 Vine Date signed 3-30-1948

(Licensed Embalmer's Statement on Reverse Side)

Ind. M Miller

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 D J Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.