

FILED JUN 10 1941

STANDARD CERTIFICATE OF DEATH

17426

State File No.

Registration District No. 299

Primary Registration District No. 1602

Registrar's No. 2088

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: St. Lukes  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Year (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lorean Burnett

3. (b) If veteran, name war no 3. (c) Social Security No. 513-05-3223

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucille Burnett 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Nov. 17, 1915  
(Month) (Day) (Year)

8. AGE: Years 25 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation Drug Clerk

11. Industry or business

12. Name Raph Burnett  
13. Birthplace Wisconsin  
14. Maiden name Mamie  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucille Burnett  
(b) Address 4555 Main Street

17. (a) Removal (b) Date thereof 5-28-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Glasco, Kansas

18. (a) Signature of funeral director Freeman Mortuary  
(b) Address Kansas City, Missouri

19. (a) May 28 1941 (b) M. M. Brown  
(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. 4555 Main Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 27  
year 41 hour 8:20 minute P M.

21. I hereby certify that I attended the deceased from 10-23-40 to 5-27-41  
that I last saw him alive on 5-27-41  
and that death occurred on the date and hour stated above.

Immediate cause of death uremia  
Due to subacute glomerulonephritis  
Due to hypertension  
Other conditions 120  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations none  
Of autopsy none

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 1  
23. Signature Ernie W. Wetherill (M. D. or other)  
Address Peage Road Bede Date signed 5-28-41

Duration 2 weeks  
6 mo  
PHYSICIAN

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

OCT 7 1946

---

**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.....

P. O. Address.....

**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.**