No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31695

Registration District No. 4 0 4

Primary Registration District No. 5 [illegible]

Registrar's 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: 9405 Holmes (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community Since 1918 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 9405 Holmes (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Thomas A. Glannon

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Catherine Glannon

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

7. Birth date of deceased May (Month) 11, (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
63	4	15	..... hr. ..... min.

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

10. Usual occupation Salesman

11. Industry or business Real Estate

FATHER
12. Name Martin Glannon
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Emma Sutton
15. Birthplace England (City, town, or county) 4 (State or foreign country)

16. (a) Informant Theo. A. Glannon

(b) Address 9405 Holmes

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9/27/41 (Month) (Day) (Year)

(c) Place: burial or cremation Blaine, Kansas

18. (a) Signature of funeral director R. V. Lindsey & Sons

(b) Address 3811 Broadway

19. (a) 10-10-41 (Date received local registrar) (b) Mrs Jos. T. Brennan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th year 1941 hour 12:15 PM minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw ..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due Acute coronary occlusion

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

94a

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 .....

23. Signature [signature] (M. D. or other) 3

Address K. C. Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 Leon H. Stewart

Licensed Embalmer No. 4177

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.