DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23299

X29484

Registration District No. 149 — AUG 19 1942

Primary Registration District No. 1002

Registrar's No. 3031

48
3
8

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

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: 5811 St. John Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 59 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") 8

(d) Street No. 5811 St. John Ave.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mr. Michael J. Brennan

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Dora Brennan

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased January (Month) 1 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	7	10	hr. min.

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

10. Usual occupation Deputy Sheriff

11. Industry or business

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

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. Dora Brennan
(b) Address 5811 St. John Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

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

19. (a) 8-12-42 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11
year 42 hour 9:00 A minute ..... M.

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

Immediate cause of death Coronary Occlusion
Chronic Myocardial Infarction

Due to 94a

Due to .....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy See above

Duration

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)
Address [illegible] Date signed 8/14/42

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(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 Clarence W Chiles

Licensed Embalmer No. 3473

P. O. Address 76 e 200

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.