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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 699

Registration District No. 199

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3248 Lockridge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City Mo. 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3248 Lockridge
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Miss Mary BRENNAN.

3. (b) If veteran, name war. None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th
year 1944 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 19, 1944 to Feb 10, 1944
that I last saw her alive on Feb 10 and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased. Oct. 6, 1889
(Month) (Day) (Year)

Immediate cause of death Bronchial pneumonia Duration 1 day

Due to Myocardial infarction 1 year

Due to Pneumonia 1926

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 54 Months 4 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

PHYSICIAN

Major findings: None

Of operations: _____

Of autopsy: 930

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name James Edward Brennan

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

14. Maiden name Mariam Casey

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

16. (a) Informant Edward Brennan.

(b) Address 3248 Lockridge.

17. (a) Burial (b) Date thereof 2/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley

(b) Address K. C. Mo.

19. (a) 2-12-44 (b) N. C. Brown
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Dr. John D. Higgins (Specify type of place) _____
(M. D. or other) _____

Address 1407 1/2 3rd 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.....



Licensed Embalmer No. 2999

P. O. Address KC

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.