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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 22 1944  
199

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 3555

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 Menorah Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3-Days.  
 (Specify whether years, months or days) 3-DAYS

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County JASPER 49  
 (c) City or town CARTHAGE  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1110 CLINTON AVENUE  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME MASTER WALLACE CORDELL BRENNAN

MEDICAL CERTIFICATION

3. (b) If veteran, name war NO  
 3. (c) Social Security No. NONE

20. DATE OF DEATH: Month Sept. day 1  
 year 1944 hour 4:00 minute A M.

4. Sex MALE 0  
 5. Color or race WHITE 0  
 6. (a) Single, widowed, married, divorced SINGLE

21. I hereby certify that I attended the deceased from Aug. 29, 1944, to Sept 1, 1944, that I last saw him alive on Sept. 1, 1944, and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased OCTOBER-6-1940  
 (Month) (Day) (Year)

Immediate cause of death. PURPURA HEMORRHAGICA  
 Duration

8. AGE: Years 3 Months 10 Days 26 25 hr. min.

Due to UNKNOWN

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

Due to

10. Usual occupation CHILD

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations

12. Name LYLE EDGAR BRENNAN

PHYSICIAN Underline the cause to which death should be charged statistically.

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

Of autopsy Purpura = Petechial Hemorrhages Thru' out Organs

14. Maiden name EDINA MAY REYNOLDS

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

22. If death was due to external causes, fill in the following:

16. (a) Informant MR. LYLE EDGAR BRENNAN

(a) Accident, suicide, or homicide (specify)

(b) Address CARTHAGE MISSOURI

(b) Date of occurrence

17. (a) BURIAL (b) Date thereof SEPT-1-1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? (City or town) (County) (State)

(c) Place: burial or cremation CARTHAGE MISSOURI

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director W. V. Newcomer, Sons

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

(b) Address 1401 BRUSH CREEK BLVD.

23. Signature Sidney J. Polinski (M. D. or other)  
 Address 628 PROF BLDG ICC MO Date signed 9/1/44

19. (a) 9-1-44 (b) T. E. Brown  
 (Date received local Registrar) (Registrar's signature)

**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.

5-2-68  
5-2-68

Signed Emile M. Colburn

Licensed Embalmer No. 3506

P. O. Address. KC Mo

**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.**