

1-8-43
5-17-39
X37823

FILED JUL 9 1946

State File No. _____

Registration District No. 111

Primary Registration District No. 5427

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Catawissa - Rural (Cobey)
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. R.D. #1
(If rural, give location)

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

3. (a) PRINT FULL NAME James Edward BRENNAN

(b) If veteran, name war No

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1946 hour 12 minute 30 A.M.

4. Sex Male 5. Color or race White

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

(b) Name of husband or wife Laurie Brennan

(c) Age of husband or wife if alive 60 years

7. Birth date of deceased: March 9 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 30 1946 to June 3 1946
that I last saw him alive on May 25 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

69 2 24 hr. _____ min.

Immediate cause of death BRIGHT'S DISEASE, pro.

Due to _____

Due to _____

9. Birthplace Catawissa Mo. 1
(City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business own farm

12. Name Daniel A Brennan

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

14. Maiden name Anna Demigant

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Laurie Brennan

(b) Address Catawissa Mo.

17. (a) Burial (b) Date thereof 6-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Frank Churchlens Catawissa

18. (a) Signature of funeral director Geo. J. Hughes

(b) Address Pacific Mo.

19. (a) June 5 1946 (b) Malvina Gross
(Date received local registrar) (Registrar's signature)

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

23. Signature W. Blenc (M. D. or other) _____
Address Pacific Date signed Jun 4 46

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 9-8-46

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 _____

Geo. L. Thibbes

Licensed Embalmer No. 300.8

P. O. Address Pacific, 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.

Registration District No. 111

Primary Registration District No. 5427

1. PLACE OF DEATH:
 (a) County Franklin
 (b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

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

3. (a) PRINT FULL NAME James E. Brennan
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July
 year 1946 hour..... minute..... M.
 21. I hereby certify that I attended the deceased from..... to....., 19.....
 that I last saw him alive on....., 19.....
 and that death occurred on the date and hour stated above.
 Immediate cause of death.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....
 7. Birth date of deceased Mar (Month) 7 (Day) 1907 (Year)

8. AGE: Years 69 Months 2 Days 2 (If less than one day) 2 hr. 30 min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....
 13. Birthplace..... (City, town, or county) (State or foreign country)
 14. Maiden name.....
 15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant..... (b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)
(Burial, cremation, or removal)
 (c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a)..... (b).....
Date received local registrar) (Registrar's signature)

Due to CHRONIC, glomerulo-nephritis
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings: ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
 Of operations.....
 Of autopsy.....

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 Stoner (M. D. or.....)
 Address Carle Date signed 7/12/46
While at work?..... (Specify type of place) (c) Means of injury.....

SUPPLEMENTARY

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

18801

19927