

S. No. 2
M-8-43
5-17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 14 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26626**

Registration District No. **74** Primary Registration District No. **5295** Registrar's No. _____

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Rural Concord
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 1/2 miles N W of Saltrap
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether)
In this community 3 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 1/2 miles N W of Saltrap
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Phillip H. Brennan
3. (b) If veteran, name war: ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 25
year 1946 hour _____ minute 12:10 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 7 Feb 14 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 23, 1946, to Aug 25, 1946
that I last saw him alive on Aug 25 and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Apoplexy
Duration 48 hrs

8. AGE: Years 80 Months 6 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Wm O Brennan
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name no record
15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Brennan
(b) Address Saltrap MO

17. (a) Rural (b) Date thereof Aug 27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem. Concord
18. (a) Signature of funeral director Calvin F. ...
(b) Address Concord

19. (a) Aug 27, 1946 (b) Gas L. Martin
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____

Other conditions Myocarditis
(Include pregnancy within 3 months of death) 8 Mo

Major findings: Of operations 93E
Of autopsy _____
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? _____

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

23. Signature W. H. ... M. D. or other _____
Address ... Date Aug 26-46

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

25472

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *B. D. Nelson*
Licensed Embalmer No. *4421*
P. O. Address..... *Cameron 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.