

FILED NOV 4 1947

Registration District No. **249** 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**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Joseph Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **18 Hrs., 35 Mins.**  
(Specify whether years, months or days)  
 In this community **18 hours, 15 minutes**

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2646 Lockridge**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Celeste Marie BRENNAN**  
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**  
 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 **October 20, 1947**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Oct** day **21**  
 year **1947** hour **1** minute **45 A.M.**  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
 that I last saw him/her alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_  
**Extensive Focal Atherosclerosis**  
**Pericardial & Intestinal**  
 Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**0 0 0 18 hr. 35 min.**  
 9. Birthplace **Kansas City, Missouri**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Infant**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: 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? \_\_\_\_\_

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name **Charles R. Brennan**  
 13. Birthplace **LaJunta, Colorado**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Lucille E. Tanner**  
 15. Birthplace **Kansas City, Missouri**  
(City, town, or county) (State or foreign country)  
 16. (a) Informant **Mr. Chas. R. Brennan**  
 (b) Address **2646 Lockridge, K. C., Mo.**  
 17. (a) **Burial** (b) Date thereof **10-22-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Mt. Moriah Cemetery**  
 18. (a) Signature of funeral director **Melody-McGilley-Eylar**  
 (b) Address **Kansas City, Missouri**  
 19. (a) **10-21-47** (b) **Sheraldine Holmes**  
(Data received local registrar) (Registrar's signature)

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 23. Signature **D. S. General** (M. D. or other) \_\_\_\_\_  
 Address **St. Joseph Hospital** Date signed **10-21-47**

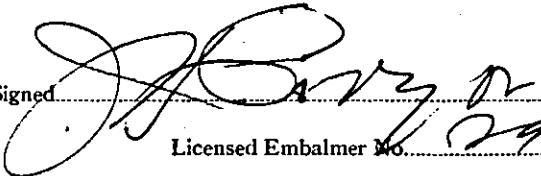
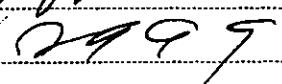
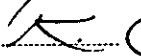
7:10 am 10/20  
1432 am 10/21  
18:35

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**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. .....  
P. O. Address..... 

**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.**