

FILED SEP 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 26818

BIRTH NO.		REG. DIST. NO. 147	PRIMARY REG. DIST. NO. 1002	Registrar's No. 3576
1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		
c. LENGTH OF STAY (In this place) 5 2 YRS		d. STREET ADDRESS (If rural, give location) 1020 PROSPECT		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1020 PROSPECT				
3. NAME OF DECEASED (Type or Print) a. (First) BRENNAN		b. (Middle) A.		c. (Last) ATTAWAY
4. DATE OF DEATH (Month) (Day) (Year) AUG. 17, 1949				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 2, 1872
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired cashier		10b. KIND OF BUSINESS OR INDUSTRY K. C. ICE COMPANY		11. BIRTHPLACE (State or foreign country) LEBANON, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME HARRISON ATTAWAY		13b. MOTHER'S MAIDEN NAME JULIA F. SMITH		14. NAME OF HUSBAND OR WIFE MRS. MARGARET ATTAWAY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROBERT ATTAWAY, 533 SOUTH OAKLEY
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR WHILE AT WORK <input type="checkbox"/> None		21f. HOW DID INJURY OCCUR? None
22. I hereby certify that I attended the deceased from 1946, to Aug 17, 1949, that I last saw the deceased alive on Aug 12, 1949, and that death occurred at 8:30 P.M., from the causes and on the date stated above.				
23a. SIGNATURE Glenn C. Carbaugh (Degree or title)		23b. ADDRESS 2004 Bryant Blvd KC Mo		23c. DATE SIGNED Aug 19 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/20/49		24c. NAME OF CEMETERY OR CREMATORY MOUNT OLIVET CEMETERY
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI				
DATE REC'D BY LOCAL REG. 8-19-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 20 W. Linwood

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

Dr. Glenn Carbaugh
Bryant Building

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Maudie Adair

Licensed Embalmer No. 4016

P. O. Address 20 N. Lincoln

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.