

FILED MAR 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5479

0730
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BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5840 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Van Buren</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Van Buren</u>	
c. LENGTH OF STAY (in this place) <u>30 Years</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D. #1 Wentworth, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. F. D. #1 Wentworth, MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>		b. (Middle) _____	
c. (Last) <u>Brennan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June, 18, 1885</u>
9. AGE (in years) (last birthday) <u>65</u>		10. MONTHS <u>8</u>	11. DAYS <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Boman</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Linder</u>	
14. NAME OF HUSBAND OR WIFE <u>John P. Brennan</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John P. Brennan</u>	
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.		19. ADDRESS <u>Wentworth, Mo. #1</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 2 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		15.7x	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-30, 1949</u> , to <u>2-22, 1951</u> , that I last saw the deceased alive on <u>2-20, 1951</u> and that death occurred at <u>11:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M.D. Sassovic</u>		23b. ADDRESS <u>Wentworth, Mo</u>	
23c. DATE SIGNED <u>2-24-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 26, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Agnes Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>R. F. D. Wentworth, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 24, 1951</u>		REGISTRAR'S SIGNATURE <u>M.L. Young</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mercer Funeral Home</u>		ADDRESS <u>Monett, Mo.</u>	

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

RECEIVED

District Health Officer No. Newton Co.
District File Number 351-61
Date Filed 2/21/51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Roy H Mercer

Signed.....
Student Embalmer

Licensed Embalmer No. 4432

P. O. Address Monett, Missouri

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.