

MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13378

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1359

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: Research Hospital
(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 Missouri (b) County Jackson **48**
 (c) City or town Kansas City, Missouri. **3**
(If outside city or town limit—write "RURAL")
 (d) Street No. 4523 Forest **8**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Bernard Melvin Brennan

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Male **5. Color or** White **6. (a) Single, widowed, married,** Single
divorced

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** 28 years
alive

7. Birth date of deceased. May 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>10</u>	<u>8</u>	
				hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name John Joseph Brennan

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

14. Maiden name The Ma Lucille Summerskill

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

16. (a) Informant John Joseph Brennan
(b) Address 4523 Forest, K.C. Mo.

17. (a) Burial **(b) Date thereof** April 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentworth, Mo.

18. (a) Signature of funeral director Thos. E. Quirk
(b) Address 4316 Troost
19. (a) 9-7-41 **(b)** M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 th
year 1941 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from April
2, 1941, to April 6, 1941
that I last saw h. im alive on April 6, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bilat bronchial
Past ops. pneumonia
Intussusception
Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations Intussusception
Deeper than superficial
Of autopsy not extending to spleen
as given above

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? _____ **(e) Means of injury** _____
23. Signature [Signature] (M. D. or other)
Address [Address] **Date signed** 4/7/41

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

Thomas E. Jewick

Licensed Embalmer No.

3775

P. O. Address

A. C. Jew

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, above space should be left blank.