

Registration District No. 6

Primary Registration District No. 5220

Registrar's No. 3 E

900

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

**1. PLACE OF DEATH:**

(a) County Pass

(b) City or town Rural Secular Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pass County Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 43 years  
years, months \_\_\_\_\_ days \_\_\_\_\_

**3. (a) PRINT FULL NAME** Anna Jeanette Brennan

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced W. 9

6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 23 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>4</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Harrisonville Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name William Gallagher

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

14. Maiden name not known

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Webb

(b) Address Harrisonville Mo

17. (a) Burial (b) Date thereof 7/11-41  
(Burial, ~~cremation~~) (Month) (Day) (Year)

(c) Place: burial Oakland Cem

18. (a) Signature of funeral director William Buz

(b) Address Harrisonville Mo

19. (a) 7/11/41 (b) Seeley M. S.  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Pass

(c) City or town Harrisonville  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 9  
year 1941 hour 15 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb 1/41  
July 9 1941, to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw her alive on July 9 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature E. M. Griffin (M. D. or \_\_\_\_\_)

Address Harrisonville Date signed July 10 1941

**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 Floyd W. Harrison  
Licensed Embalmer No. 3920  
P. O. Address Harrisouville

**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.**