S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13062

FILED MAY 6 1943

Registration District No. 1939

Primary Registration District No. 1002

Registrar's No. 1939

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. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Weeks (Specify whether
In this community 4 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County Wyandotte 14

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 540½ Tenny
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country -------

3. (a) PRINT FULL NAME Mrs. Georgia Centrilla Brennan

3. (b) If veteran, name war No

3. (c) Social Security No. 512-05-1986

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. Leroy Brennan

6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased May (Month) 12 (Day) 1889 (Year)

8. AGE: Years 53 | Months 11 | Days 12 | If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation Matron

11. Industry or business Court House - Ft. Scott, Kan.

FATHER
12. Name James A. Northcut
13. Birthplace (City, town, or county) Indiana (State or foreign country) 1

MOTHER
14. Maiden name Mary Elizabeth Smiley
15. Birthplace (City, town, or county) Indiana (State or foreign country) 1

16. (a) Informant Mrs. Roy Matthews
(b) Address 540½ Tenny, Kansas City, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr. 25, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Fort Scott, Kansas

18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 4/25/43 (Date received local registrar) (b) M. M. Grant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th
year 1943 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from March 14, 1943, to April 24, 1943; that I last saw her alive on April 24, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lymphosarcoma	5 months
Due to	
Due to	
Other conditions Fracture Lgt femur (Include pregnancy within 3 months of death)	6 wks

Major findings:
Of operations
Of autopsy Extensive Lymphosarcoma fractured lgt femur

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) Acc
(b) Date of occurrence Mch - 14 1943
(c) Where did injury occur? K. C. Jack. Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell when alighting from St. Car (Specify type of place)
While at work? (e) Means of injury Fall

23. Signature R. E. Forbes (M. D. or other)
Address St. Luke's Hospital Date signed 4-24-43

(Licensed Embalmer's Statement on Reverse Side)

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St. Luke's Hospital
5

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C Mo.

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.