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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12169

Registrar's No. 1421

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks + 2 days (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 4

(c) City or town Independence, 4
(If outside city or town limits, write "RURAL")

(d) Street No. 733 N. Main
(If rural, give location)

(e) Citizen of foreign country? no 1 (Yes or No)

If yes, name country

3. (a) Miss. PRINT FULL NAME Catherine F. Glennon

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 27, 1860 (Day) (Year)

8. AGE: Years 85 Months 1 Days 0 If less than one day — hr. — min.

9. Birthplace Independence, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Martin J. Glennon
13. Birthplace Court Limerich, Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Burns Glennon
15. Birthplace Dont Know, Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Glennon

(b) Address 733 N. Main St. Indep. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 30 1945 (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem - Indep. Mo.

18. (a) Signature of funeral director Ott-Mitchell

(b) Address 310 N. Main - Indep. Mo

19. (a) 3-28-45 (Date received local registrar) (b) G. Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1945 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-12, 1945, to 3-27, 1945
that I last saw her alive on 3-27, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to Arteriosclerosis and hypertension.

Due to

Other conditions Auricular fibrillation
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83 a'

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD

Address Waltham Bldg Date signed 3-28-45

(Licensed Embalmer's Statement on Reverse Side)

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 Me

; Registered Apprentice No.

working under my personal supervision.

Signed Henry L. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep 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.