

FILED JUN 7 1945  
Registration District No. 3016

Primary Registration District No. 3016

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Wenover  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Nevada City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Dec 9, 1942 (Specify whether  
In this community Dec 9, 1942 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 49  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2825 Baltimore  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Mary Catherine Brennan

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if

7. Birth date of deceased 4 24 1937  
(Month) (Day) (Year)

8. AGE: Years 8 Months 1 Days 7 If less than one day  
hr. min.

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

10. Usual occupation School girl

11. Industry or business

MOTHER FATHER

12. Name Robert M. Brennan

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Stephan Van Boon

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mother Isabel

(b) Address St. Francis Convent

17. (a) Removal (b) Date thereof 6-2-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City

18. (a) Signature of funeral director Marcel Eichinger

(b) Address Nevada, Mo

19. 6-2-45 (Date received local registrar) (b) Hazel B. Beuer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st  
year 1945 hour 11:00 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 1, 1945  
19... to 19...  
that I last saw her alive on June 1, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Probable pulmonary embolism  
Due to Tonsils removed about fourteen hours before sudden death

Duration

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 110  
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) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature CR King (M. D. or other) \_\_\_\_\_  
Address Nevada, Mo Date signed 6-2-45

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

OCT 21 1945

AUG 9 1945

OCT 22 1945

RECEIVED

Charge No. 7

6-40-501  
6-6-40

Date Filed

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 *Marsh Eichinger*

Licensed Embalmer No. *2656*

P. O. Address *Nevada 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.