

No. 2
A-5-43
5-17-39
I X36671

FILED MAY 16 1946

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2042**

1. PLACE OF DEATH:

(a) County Jackson County

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

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days) 30 years

3. (a) PRINT FULL NAME Mrs. Ellen Glennon

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female **5. Color or race** White

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

6. (b) Name of husband or wife Lawrence I. Glennon

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

7. Birth date of deceased March 21, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>1</u>	<u>12</u>	hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business Daniel Sullivan

12. Name Daniel Sullivan

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

14. Maiden name Julia O'Brien

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

16. (a) Informant Mrs. Wm. Bertram

(b) Address 4127 Charlotte

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5-6-1946
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Thos. E. Quirk

(b) Address 4316 Troost Ave.

19. (a) 5-4-46 (Date received local registrar) **(b) Geraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") **2**

(d) Street No. 3927 Campbell St.
(If rural, give location) **8**

(e) Citizen of foreign country? No (Yes or No) **0**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1946 hour 2.15 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from April 26
to May 3, 1946

that I last saw her alive on May 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 7 days
Hypertension

Due to _____ ?

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 830

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 0

Signature D. E. Sanders (M. D. or other)

Address 822 Argyle Bldg Date signed May 9 46

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

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. *3275*

P. O. Address *P.O. No*

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.