

FILED AUG 14 1946
 Registration District No. **199**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (c) Name of hospital or institution: **3321 Karnes Blvd.**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **65 years**
 In this community **65 years**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (d) Street No. **3321 Karnes Blvd.**
 (e) Citizen of foreign country? **NO**
 If yes, name country

3. (a) PRINT FULL NAME **John L. Brennan**
 3. (b) If veteran, name war **none**
 3. (c) Social Security No. **570-054341**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **28**
 year **1946** hour **12:30** minute **0** M.
 21. I hereby certify that I attended the deceased from **1942** to **July 28**, 1946.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mattie A. Brennan**
 6. (c) Age of husband or wife if alive **61** years
 7. Birth date of deceased **September 10 1877**
 (Month) (Day) (Year)

that I last saw him alive on **July 27**, 1946, and that death occurred on the date and hour stated above.
 Immediate cause of death **Cerebral hemorrhage**
 Due to **Arteriosclerosis**
 Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
68 **10** **18** hr. min.

Due to **Arteriosclerosis**
 Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Scranton Penn.**
 10. Usual occupation **Superintendent of Plant.**

Major findings: **830**
 Of operations
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business **Swigt & Company**
 12. Name **Micheal Brennan**
 13. Birthplace **Ireland**
 14. Maiden name **Mary Brennan**
 15. Birthplace **Ireland**

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?
 (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

16. (a) Informant **Mrs. Mattie A. Brennan**
 (b) Address **3321 Karnes Blvd.**
 17. (a) **burial** (b) Date thereof **7/30/46**
 (c) Place: burial or cremation **St. Joseph Cem., Shawnee, Mo.**
 18. (a) Signature of funeral director **Gates Funeral Home**
 (b) Address **1901 Olathe Blvd. K.C.K.**
 19. (a) **7-29-46** (b) **Geraldine Holmes**
 (Date received local registrar) (Registrar's signature)

23. Signature **E. W. Shusher** (M. D. or other)
 Address **900 Rialto Bldg. K.C. Mo.** Date signed **7-29-46**

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

22368

Dr. E W. Skushen
Rialto Bldg.
U2 2966 -

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.....

D Ross Blairford

Licensed Embalmer No.

4013-

P. O. Address.....

414 State Lane

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.