S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 26 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41583

Registrar's No. 5166

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: Convalexcent Home--3537 Main 4
(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 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 614 West 39th Street 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME THOMAS BRENNAN

3. (b) If veteran, name war No

3. (c) Social Security No. 497-14-6978

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Margaret Brennan

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

7. Birth date of deceased About 1870 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	77			hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Patrick Brennan
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hugh McNamara
(b) Address 614 West 39th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Murk & Tobin Co
(b) Address 20 West Linwood

19. (a) 12-[illegible]-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day Dec year 1947 hour 6:00 minute A M.

21. I hereby certify that I attended the deceased from Nov 1, 1947, to Dec 5, 1947; that I last saw h alive on Dec 2, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 hr
Due to: Arteriosclerosis	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 83 W
Of autopsy

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature Daniel P. Hogan (M. D. or other) MD

Address 801½ W 39 Date signed 12-5-47

Jefferson City Printing Co.

(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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.