

FILED JAN 8 1949 149

State File No. _____
Registrar's No. 5179

Registration District No. _____ Primary Registration District No. 1002

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

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:
485 485 Donnelly
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
in this community 60 yrs. years, months or days)

3: (a) PRINT FULL NAME BRENNAN, Mrs. Freda M

3. (b) If veteran, name war No

3. (c) Social Security No. 486-07-3841

4. Sex Fem / 5. Color or race Wh

6. (a) Single, widowed, married, divorced Wid. 7

6. (b) Name of husband or wife Wm. H. Brennan

6. (c) Age of husband or wife if alive 10 years 1882

7. Birth date of deceased: 12 (Month) 10 (Day) 1882 (Year)

8. AGE: Years Months Days If less than one day

66 0 10 hr. min.

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

10. Usual occupation Saleslady

11. Industry or business Duff & Repp Furniture Co.,

MOTHER FATHER

12. Name Herman Johns

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

14. Maiden name Matilda Dollmier

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

16. (a) Informant Mrs. Bernice Beaman

(b) Address 485 Donnelly, K. C. Mo.

17. (a) Burial (b) Date thereof 12/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo.

19. (a) 12-21-48 (b) A Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 485 Donnelly St., 8
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20
year 1948 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 2-29-48
19, to 12-20, 1948

that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
of Bladder with Metastasis
To Bone

Due to Circulatory Failure

Duration _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 52

Of autopsy none

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? _____

23. Signature Paul A. G. Johnson (Specify type of place)
While at work (e) Means of injury

Address 3011 A. Sully Ave. Date signed _____

Dr. Paul A. G. Johnson
Indep. Ave & Benton

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 John P. Stiel

Licensed Embalmer No. 3625

P. O. Address. K G U.

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.