

FILED MAY 1 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 14058  
1916

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>45 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		<b>3678</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3912 McGee</b>				d. STREET ADDRESS (If rural, give location) <b>3912 McGee</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>E.</b> b. (Middle) <b>VIRGINIA</b> c. (Last) <b>BRENNAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 9 1953</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>5/1/1898</b>		9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 12 HRS. Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary- Alton &amp;</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Southern R.R.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Carrollton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Wallace E. Brennan</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Lane</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-07-8718</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mattie Mae Brennan, 3912 McGee St.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage - massive</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardio-vascular disease</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4437</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-26-45</u> , 19____, to <u>4-9-53</u> , 19____, that I last saw the deceased alive on <u>4-9-53</u> , 19____, and that death occurred at <u>12:35 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John H. Wheeler</b> (Degree or title) <b>J. H. Wheeler M.D.</b>				23b. ADDRESS <b>411 Nichol Rd</b>		23c. DATE SIGNED <b>4-9-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/11/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>4-10-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>FREEMAN MORTUARY &amp; CHAPEL, K.C., MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. John Wheeler - Playa Del Mar  
13144  
Je 1226  
Until 5 pm.

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Clayton Barnes*

Licensed Embalmer No. 4793

P. O. Address. K.C., 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.