

V. S. No. 2
OM-1-4-41
5-17-39
3-1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23298**
Registrar's No. **2702**

Registration District No. **399**

Primary Registration District No. **1002**

48
38

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:
5426 Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **63 years** (Specify whether years, months or days)

In this community **63 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **4/8**

(c) City or town **Kansas City** **3/8**
(If outside city or town limits, write "RURAL")

(d) Street No. **5426 Harrison** (If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **WILLIAM HENRY BREEN**

3. (b) If veteran, name war. 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Kate Breen** 6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **August 26 1862**
(Month) (Day) (Year)

8. AGE: Years **29-80** Months **10** Days **18** If less than one day hr. min.

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

10. Usual occupation **Retired**

11. Industry or business **Grocer**

12. Name **Patrick Breen**

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

14. Maiden name **Mary Hannon** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Katherine Breen**

(b) Address **5426 Harrison**

17. (a) **Burial** (b) Date thereof **7-17-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Marys Cmty.**

18. (a) Signature of funeral director **J. F. O'DONNELL CO**

(b) Address **3256 Broadway N. C. MO**

19. (a) **7-16-42** (b) **M. M. Cerome**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14** year **1942** hour **9** minute **15** p. M.

21. I hereby certify that I attended the deceased from **June 11, 1938** to **July 14, 1942**
that I last saw him alive on **July 14, 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach**
Due to **46 B**

Other conditions **Chronic Myocarditis**
(Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy.

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.
23. Signature **W. D. [Signature]** (Physician)
Address **915 Argyle Blvd** Date signed **July 16, 1942**

Duration **1 yr**
PHYSICIAN
Underline the cause to which death should be charged statistically.

361

(Licensed Embalmer's Statement on Reverse Side)

for Anderson
argyle
730

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 Park G. Rowe
Licensed Embalmer No. 2347
P. O. Address H. 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.