

FILED MAY 3 1943

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Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 days
(Specify whether
 In this community 12 YEARS 5 -
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1023 East 8th St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Harry Breen
 3. (b) If veteran, name war WW
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 1st
 year 1943 hour 5 minute 40 P. M.

4. Sex MALE 5. Color or race whit
 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-20-43 19 to 4-1-43 19 that I last saw him alive on 4-1-1943 19 and that death occurred on the date and hour stated above.

7. Birth date of deceased FEBRUARY 22 1879
(Month) (Day) (Year)
 8. AGE: Years 64 Months 1 Days 9 If less than one day hr. min.

Immediate cause of death Hypertrophy of prostate
 Due to 13700

9. Birthplace COOK
(City, town, or county) (State or foreign country)
 10. Usual occupation retired

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy None

MOTHER FATHER
 11. Industry or business _____
 12. Name MICHAEL BREEN
 13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

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)
 While at work? _____ () Means of injury _____

16. (a) Informant Mrs. Meta Breen
 (b) Address 1023 E 8th St. K.C. Mo
 17. (a) Burial (b) Date thereof apr 3-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation GREEN LAWN
 18. (a) Signature of funeral director Neilert Funeral Home
 (b) Address 2932 Montcalm St. K.C. Mo
 19. (a) 4-3-43 (b) M. M. Grove
(Date received local registrar) (Registrar's signature)

23. Signature Dr. R. J. Thom (M. D. or other) _____
 Address Med. Dir. K.C. Gen. Hospital Date signed _____

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

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

Oscar Samuelson

Licensed Embalmer No. *3002*

P. O. Address. *2332 Monte*

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.