

S. No. 2
DOM-5-43
ev. 5-17-39
I X38671

FILED APR 10 1946

Registration District No. **147** Primary Registration District No. **1002**

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:
122 N. Belmont Ave., Kansas City, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)

In this community **50 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Anna D. Breitenstein**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (c) Age of husband or wife if alive **24** years

8. (b) Name of husband or wife **Edward Breitenstein**

7. Birth date of deceased **December 28 1876**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	3	---	--- hr. --- min.

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

10. Usual occupation **Housework**

11. Industry or business **At Home**

12. Name **John Flanagan**

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

14. Maiden name **Susan King**

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

16. (a) Informant **Mr. Paul Breitenstein**

(b) Address **3123 Wabash Ave. K.C. Mo.**

17. (a) **Burial** (b) Date thereof **April 1, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Calvary K.C.K.**

18. (a) Signature of funeral director **JOS. A. Butler's Sons**

(b) Address **22 South 18th. St. K.C.K.**

19. (a) **3-29-46** (b) **Seraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **122 North Belmont Avenue**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **28th**.
year **1946** hour **9** minute **14** A.M.

21. I hereby certify that I attended the deceased from **Mar 24**, 19**46**, to **March 28th**, 19**46**;
that I last saw her alive on **March 28th**, 19**46**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Duration **4 days**

Due to **arterio sclerosis**

Due to **diabetes**

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 **P. A. ...** (Specify type of place) (M. D. or other)

Address **5400 St. John St.** Date signed **3/28/46**

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

8221A

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.....

Russell W. Dennis

Licensed Embalmer No..... *3462*

P. O. Address..... *Kansas City Kansas*

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.