

FILED APR 28 1951

STANDARD CERTIFICATE OF DEATH

State File No. 12482  
1534

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY JACKSON!		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) 2026 Summitt; 2nd fl. 3210	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2			

3. NAME OF DECEASED (Type or Print) a. (First) RHODA b. (Middle) BRECKINRIDGE c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) APRIL 6 1951		
5. SEX FEMALE 3		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED ✓	
8. DATE OF BIRTH About 73		9. AGE (In years if UNDER 1 YEAR last birthday) Months Days Hours Min. not known		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) JACKSON, MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME NOT KNOWN		13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE Walter Breckinridge	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ANTHONY BRUCE 2026 Summitt Avenue	

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, assthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TERMINAL BRONCHO-PNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		DUE TO (b) _____			491X
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS SENILITY GEN. & CEREBRAL ARTERIOSCLEROSIS WITH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION DEMENTIA			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)		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 3-26, 1951, to 4-6, 1951, that I last saw the deceased alive on 4-6, 1951, and that death occurred at 4:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Elica (Degree or title)		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 4-7-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/9/51		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 4-9-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lydia	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Bruce Watkins

Signed.....  
Student Embalmer

Licensed Embalmer No: 4500

P. O. Address 2814 E. 18<sup>th</sup> St.

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.