

Filed SEP 26 1944 9

Primary Registration District No. 1002

Registrar's No. 3677

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:
 3422 AGNES AVE
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether)
 In this community 64 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JACKSON 47
 (c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
 (d) Street No. 3422 AGNES AVE
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 17

3. (a) PRINT FULL NAME MRS MARGARET BREEN LONG
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 9
 year 1944 hour 2 minute 25 a.m.
 21. I hereby certify that I attended the deceased from Sept. 19-1944
 to Sept. 9-1944
 that I last saw her alive on Sept. 8-44 at 9 P.M.
 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced, WIDOWED
 (b) Name of husband or wife HENRY LONG
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Nov 15 1874
(Month) (Day) (Year)

Immediate cause of death: Exhaustion
 Throat paralysis
 Due to Cerebral arteriosclerosis
 Also general arteriosclerosis
 Duration 1 week 1 day

8. AGE: Years 69 Months 9 Days 24
If less than one day hr. _____ min. _____
 9. Birthplace: St. Louis MISSOURI
(City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)
 Major findings: 115C
 Of operations: _____
 Of autopsy: _____
 PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

10. Usual occupation AT HOME
 11. Industry or business
 12. Name JOHN FRANCIS BREEN
 13. Birthplace LIRELAND
(City, town, or county) (State or foreign country)
 14. Maiden name ANNA WAUGHAN
 15. Birthplace LIRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant CHESTER LONG
 (b) Address 3422 AGNES AVENUE
 17. (a) BURIAL (b) Date thereof SEPT. 11, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation FOREST HILL
 18. (a) Signature of funeral director D. W. Newcomers Sons
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 9-11-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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) (Specify type of place)
 Means of injury _____
 23. Signature A. L. Hoag (M. D. or other)
 Address 919 Rialto Bldg., K.C., MO. Date signed Sept. 9-44

Ms. C. L. Skoog
919 - Bialto Bldg

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 E. Oscar H. H. H.

Licensed Embalmer No. 1767

P. O. Address. Kansas City 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.