S. No. 300
DM—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 112447

FILED APR 17 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1369

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 —
(Specify whether
In this community 70 years
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. 5426 Harrison
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Kate Breen

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 widow

6. (b) Name of husband or wife William H. Breen, Sr.

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

7. Birth date of deceased November 22, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	4	5	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Daniel Sullivan
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Julia Sullivan
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Miss Catherine Breen
(b) Address 5426 Harrison

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Marys

18. (a) Signature of funeral director J. F. O'Donnell Co.
(b) Address 3256 Broadway

19. (a) 3-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from Dec. 1, 1947, to present, 19 ;
that I last saw her alive on March 27, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death congestive heart failure	
Due to hypertension	
Due to generalized arteriosclerosis	
Other conditions hemiplegia - Cerebral stroke (Include pregnancy within 3 months of death)	Dec. 47

Major findings:
Of operations
Of autopsy

PHYSICIAN
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature M. F. Perll (M. D. or other) MD
Address 327 Argyle Bldg Date signed 3-29-48

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

WRITE PLAINLY—USE INK

10. Usual occupation AT HOME

11. Industry or business

FATHER

12. Name DANIEL SULLIVAN

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

MOTHER

14. Maiden name JULIA SULLIVAN

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

16. (a) Informant MISS CATHERINE BREEN

(b) Address 5426 HARRISON

17. (a) BURIAL (b) Date thereof 3-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. ST. MARY'S CEMETERY

18. (a) Signature of funeral director C. F. Donnell Co.

(b) Address 3256 BROADWAY

19. (a) 3-19-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Other conditions Nephrolithiasis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature M. F. Berell (M. D. ~~or other~~)

Address 327 Argyle Bldg. Date signed 3/29/48

(Licensed Embalmer's Statement on Reverse Side)

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 K 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.