

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE, (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>86 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5639 FOREST AVENUE</u>				e. STREET ADDRESS (If rural, give location) <u>5639 FOREST AVENUE</u>					
3. NAME OF DECEASED (Type or Print) <u>ANNA</u>		a. (First) <u>ANNA</u>		b. (Middle) <u>LOESCH</u>		c. (Last) <u>BRECHEISEN</u>			
4. DATE OF DEATH <u>OCT-21-1955</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL-10-1869</u>		9. AGE (in years last birthday) <u>86</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ROTH</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA L.</u>			
14. NAME OF HUSBAND OR WIFE <u>ALBERT BRECHEISEN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. SALOMA BRECHEISEN</u> ADDRESS <u>5639 FOREST AVE. KANSAS CITY, MO.</u>			
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, athermia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 - 3 months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>cerebral arteriosclerosis</u>					
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypostatic pneumonia</u>				<u>332X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Sept 21, 1955</u> , to <u>Oct 21, 1955</u> , that I last saw the deceased alive on <u>Oct 20, 1955</u> , and that death occurred at <u>10:00A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Harry C. Wall</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Prof. Bldg.</u>		23c. DATE SIGNED <u>Oct 21, 1955</u>			
24a. BURIAL CREMATION (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 23, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CLEARFIELD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CLEARFIELD KANSAS</u>			
DATE REC'D BY LOCAL REG. <u>10-22-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.V. Newcomer's Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>			

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jess T. Deems*.....
Licensed Embalmer No. *44*

P. O. Address *Hammond*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**