

FILED JUL 13 1943
Registration District No. 199

Primary Registration District No. 1002

State File No. _____
Registrar's No. 2876

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: General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 In this community Since 1907 (Specify whether 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. 2504 Troost
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Daisy Schroeder
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 27
 year 1943 hour 2 minute 35 P. M.

4. Sex Female 5. Color Wh 6. (a) Single, widowed, married, divorced married
 Name of husband or wife Albert H. Schroeder 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased June 14, 1903
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 23 19 43 to June 27 19 43
 that I last saw her alive on June 27 19 43
 and that death occurred on the date and hour stated above.

8. AGE: 40 Years no Months 13 Days _____ If less than one day hr. _____ min. _____
 9. Birthplace Yelville Ark
 (City, town, or county) (State or foreign country)

Immediate cause of death cerebral hemorrhage (luetic)
 Duration _____

10. Usual occupation housewife
 11. Industry or business _____
 12. Name John W. Tanney
 13. Birthplace Cornel Ind
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah M. Tanney
 15. Birthplace Cornel Ind
 (City, town, or county) (State or foreign country)

Due to 309
 Due to _____
 Other conditions (includes pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy see above

16. (a) Informant Albert H. Schroeder
 (b) Address 2504 Troost
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-43
 (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill
 18. (a) Signature of funeral director JUDNARTH
 (b) Address 110 E. 3rd St
 19. (a) 6-28-43 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

22. If death was due to external causes, fill in the following:
 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) Means of injury _____
 23. Signature Wm R. Thon (M. D. or other) _____
 Address _____ Date signed _____

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

MOTHER FATHER

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.