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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20847

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2533

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: RESEARCH HOSPITAL 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-DAY (Specify whether years, months or days) In this community 50 YEARS

2. USUAL RESIDENCE OF DECEASED: 48
(a) State MISSOURI (b) County JACKSON 0
(c) City or town KANSAS CITY - RURAL 0 (If outside city or town limits, write "RURAL")
(d) Street No. R.R. #3 - LEEDS ROAD (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country ----- 1

3. (a) PRINT FULL NAME MRS. DAISY ESTELLA SCHALLER
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. CHARLES G. SCHALLER
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased DECEMBER (Month) 13 (Day) 1876 (Year)

8. AGE: Years 67 Months 6 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace SHELBY (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business -----

MOTHER FATHER
12. Name JOSEPH F. LANDRUM
13. Birthplace 4 (City, town, or county) UNKNOWN (State or foreign country)
14. Maiden name FRANCES
15. Birthplace SHELBYVILLE (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant MR. CHARLES G. SCHALLER
(b) Address R.R. #3 - LEEDS ROAD - K.C. MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 16 1944 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEM.
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 6-15-44 (Date received local registrar) (b) H. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 14TH year 1944 hour 2 minute 10 P.M.
21. I hereby certify that I attended the deceased from June 14, 1944, to June 14, 1944; that I last saw her alive on June 14, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Emphysema following	
bronchial pneumonia	3 weeks
Due to	
Due to 110 a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Emphysema of both lungs

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 0

23. Signature John L. Lewis M.D. (M. D. or other)
Address 3548 Indiana Date signed 6-15-44

(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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.