No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32061

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1102

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 ½ hours (Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 323 Hamburg, Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cordelia Kallauner

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 Widowed

6. (b) Name of husband or wife John — 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased February (Month) 14, (Day) 1866 (Year)

8. AGE: Years 82 Months 7 Days 26 — If less than one day ___ hr. ___ min.

9. Birthplace London (City, town, or county) England (State or foreign country)

10. Usual occupation at Home

11. Industry or business ---

FATHER
12. Name John Schilders
13. Birthplace unk (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Harriett Stewart
15. Birthplace unk (City, town, or county) England (State or foreign country)

16. (a) Informant Mrs. Paul VonArb
(b) Address R.R.#2, St. Joseph, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo

18. (a) Signature of funeral director Stamey Funeral Home
(b) Address St. Joseph, Missouri

19. (a) 10-21-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 1948 hour 12 minute 30 a M.

21. I hereby certify that I attended the deceased from 10/9 1948 to 10/10th 1948 that I last saw her alive on 10/9 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Shock and Burn from Electric Heat Pad — Duration 6 hrs

Due to Heat pad short by becoming wet

Due to

Other conditions
(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) Accident
(b) Date of occurrence 10/9/48
(c) Where did injury occur? St Joseph (City or town) Buchanan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury Electricity

23. Signature J. B. Stamey (M. D. or other)
Address 262 St Joseph Ave St Joseph, Mo. Date signed 10/11/48

(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

Charles E. Bennett, Registered Apprentice No. 284,

working under my personal supervision.

Signed Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.