

No. 2
4-12-40
5-17-39
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FILED JUL 1 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21691
Registrar's No. 63

Registration District No. 297 Primary Registration District No. 3016

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

1. PLACE OF DEATH:
(a) County Franklin.
(b) City or town Washington.
(c) Name of hospital or institution: None. (409 Cedar St.)
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution None. 2
(Specify whether 0)
In this community 81 yrs.
years, months or days)

3. (a) PRINT FULL NAME Guy F. Kahmann. 557
(b) If veteran, name war None. (c) Social Security No. None.

4. Sex Male. 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Regina Clara Kahmann. 6. (c) Age of husband or wife deceased
alive deceased years
7. Birth date of deceased Sept. 6th. 1858.
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 21 If less than one day
hr. min.

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

10. Usual occupation Retired Banker.

11. Industry or business X

12. Name Christopher H. Kahmann. a

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

14. Maiden name Mary Mense.

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

16. (a) Informant Walter H. Kahmann
(b) Address Washington, MO.

17. (a) Burial. (b) Date thereof July 1st, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Washington, Missouri.
NIEBURG & VITT, Inc. by

18. (a) Signature of funeral director Washington, Missouri.
(b) Address Washington, Missouri.

19. (a) June 28, 1940 (b) H. A. May
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Franklin.
(c) City or town Washington.
(If outside city or town limits, write "RURAL")
(d) Street No. 409 Cedar St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th.
year 1940. hour 3:00 minute 55 P. A. M.

21. I hereby certify that I attended the deceased from Dec.
12 - 1939, to June 27 - 1940
that I last saw him alive on July 26 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to Cerebral sclerosis
Due to atherosclerosis 93C
Other conditions Not known
(Include pregnancy within 3 months of death)

Duration Not known
Not known
Not known

Major findings: No operation
Of operations No autopsy
Of autopsy No 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? 270

(Specify type of place) 270
While at work? ✓ (e) Means of injury ✓
Signature H. A. May (M. D. or other) MD
Address Washington, MO. Date signed 6/28/40

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 *me*

....., Registered Apprentice No.
working under my personal supervision.

Signed *[Signature]*
Licensed Embalmer No. *2387*
P. O. Address *Hickory, Va*

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.