

FILED JAN 5 1948

Registration District No. 115

Primary Registration District No. 5433

Registrar's No. _____

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

1. PLACE OF DEATH

(a) County Franklin
(b) City or town Union Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Union
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Union
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME John Franz Henry Kasman

(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Amanda Kasman 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased March 6th 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Fritz Kasman

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

14. Maiden name Jonasa Rydler

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

16. (a) Informant A. W. Nissman

(b) Address Union Mo.

17. (a) Burial (b) Date thereof 12/28/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's

18. (a) Signature of funeral director E. F. Ottmann

(b) Address Union Mo.

19. (a) 12-27-1945 (b) F. T. COOPER - E. F. C.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th
year 1945 hour 9 minute a.M.

21. I hereby certify that I attended the deceased from 12-22, 1945, to 12-26, 1945, that I last saw him alive on 12-28, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 4 days

Due to Arterio sclerotic Cardiovascular disease 10 yrs

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 83 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) _____

(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) (e) Means of injury _____

23. Signature B. G. Stuhlman (M. D. or other M.D.)

Address Union Mo. Date signed 12-27-45

1448

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 1-4-46

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 E. F. Oltman

Licensed Embalmer No. 1686

P. O. Address Union, Mo.

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.