No. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38206

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY: Franklin	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington c. LENGTH OF STAY (in this place): 1 week	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital	d. STREET ADDRESS (If rural, give location): 409 Cedar St.

3. NAME OF DECEASED (Type or Print)	a. (First): Leander	b. (Middle): A.	c. (Last): Kahmann	4. DATE OF DEATH	(Month) Nov. 12	(Day)	(Year) 1952
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: Nov. 23, 1889	9. AGE (In years last birthday): 62	IF UNDER 1 YEAR Months: 11	Days: 19	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman	10b. KIND OF BUSINESS OR INDUSTRY: Letter Head & Check Corp.	11. BIRTHPLACE (State or foreign country): Washington, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME: Guy F. Kahmann	13b. MOTHER'S MAIDEN NAME: Regina C. Wellenkamp	14. NAME OF HUSBAND OR WIFE: None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. #1	16. SOCIAL SECURITY NO.: 488-01-3445	17. INFORMANT'S SIGNATURE OR NAME: Walter Kahmann	ADDRESS: Washington, Mo				

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Nephrosclerosis, advanced	Years
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertensive cardiovascular disease, advanced	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Emphysema, advanced.	Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 16, 1951, *to* Nov 12, 1952, *that I last saw the deceased alive on* Nov 12, 1952, *and that death occurred at* 11:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Mayfield, M.D. (Degree or title)	23b. ADDRESS: 205 Elm St. Washington, Mo.	23c. DATE SIGNED: Nov 13, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov. 15, 1952	24c. NAME OF CEMETERY OR CREMATORY: St. Francis Cemetery
24d. LOCATION (City, town, or county) (State): Washington, Missouri.		
DATE REC'D BY LOCAL REG.: Nov. 13, 1952	REGISTRAR'S SIGNATURE: F. L. Heidmann by L. L. Heidmann	25. FUNERAL DIRECTOR'S SIGNATURE: Nieburg & Vitt, Inc. ADDRESS: Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Lester H. Utt

Licensed Embalmer, No. 3254

P. O. Address Washington, 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.