

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4904**

10-300  
10-48

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **583**

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> | c. LENGTH OF STAY (in this place) <b>50 yrs</b> | c. CITY OR TOWN <b>Kansas City</b>  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>                              |   | STREET ADDRESS (If rural, give location) <b>1030 West 56th St. 3848</b>   |   |

|   |  |   |  |
|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>JOSEPH</b>   | b. (Middle) <b>F.</b>                              | c. (Last) <b>KAHMANN</b>  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>2 3 54</b> |
| 5. SEX <b>Ma</b>  | 6. COLOR OR RACE <b>Wh</b>                         | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>     | 8. DATE OF BIRTH <b>7-26-1865</b>                      |
| 9. AGE (In years last birthday) <b>88</b>   | IF UNDER 1 YEAR Months                             | IF UNDER 14 HRS. Days   | IF UNDER 14 HRS. Hours Min.                            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. d. Ins. Agt</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Washington, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>             |

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <b>Christopher H. Kahmann</b> | 13b. MOTHER'S MAIDEN NAME <b>No Record</b> | 14. NAME OF HUSBAND OR WIFE <b>Daisy Kahmann</b> |
|--|--|--|

|   |   |  |
|---|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No XX</b> | 16. SOCIAL SECURITY NO. <b>356-09-4742A</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. E.F. Pierson, 1030 W. 56th St.</b> |
|---|---|--|

|   |   |               |                                  |
|---|---|---------------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <b>Acute cerebral hemorrhage</b>   |               | <b>1 1/2 days</b>                |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerosis</b><br>DUE TO (c) |               | <b>1 yr.</b>                     |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture of Left Femur</b>   |   | <b>2 wks.</b> |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 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) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from **Jan 20, 1954** to **Feb 3, 1954**, that I last saw the deceased alive on **Feb 3, 1954**, and that death occurred at **4:00 P.M.**, from the causes and on the date stated above.

|  |                                      |                                |
|--|--------------------------------------|--------------------------------|
| 23a. SIGNATURE <b>John K. Caldwell</b> (Degree or title) <b>M.D.</b> | 23b. ADDRESS <b>Kansas City, Mo.</b> | 23c. DATE SIGNED <b>2-5-54</b> |
|--|--------------------------------------|--------------------------------|

|   |                         |  |  |
|---|-------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>2-5-54</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. St. Mary's</b> | 24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b> |
|---|-------------------------|--|--|

|  |  |   |
|--|--|---|
| DATE REC'D BY LOCAL REG. <b>2-5-54</b> | REGISTRAR'S SIGNATURE <b>Seraldine Smith</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.W. Wagner N. E. Mo.</b> |
|--|--|---|

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

(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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Alvin R. Harns*.....

Licensed Embalmer No. *41*.....

P. O. Address *K. C.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.