

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4950

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 362

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>California</u> b. COUNTY <u>Los Angeles</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>4 MONTHS</u>	c. CITY OR TOWN <u>Los Angeles</u>	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 <u>LINDEMAN NURSING HOME</u>		STREET ADDRESS (If rural, give location) <u>80 X 08</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHRYN</u> b. (Middle) <u>P</u> c. (Last) <u>MAHSMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 25, 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>SEPT. 14, 1871</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and State or Foreign Country) / <u>MILLSTADT ILLINOIS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM PREUSSER</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY F MAHSMAN</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ERWIN N. DUY 207 E. Gregory Ave. Kansas City Mo.</u>	
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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, asthma, 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) <u>Fracture Rt Hip</u>		<u>2 1/2 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____		<u>1 yr</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>29030</u> <u>20</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Wyo Kansas</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-7-54</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell on floor.</u>

22. I hereby certify that I attended the deceased from 12/7/54, 1954, to 12/25/54, 1954, that I last saw the deceased alive on 1/18/55, 1955, and that death occurred at 5:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. F. Notnagel MD</u>	23b. ADDRESS <u>731 ANN AVE KCKMO</u>	23c. DATE SIGNED <u>1/25/55</u>
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24a. BURIAL CREMATION (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 27, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANSAS</u>
DATE REC'D BY LOCAL REG. <u>1-26-55 neva minshall</u>	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. NEWCOMER'S SONS K.C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side) 1331 BRUSH CREEK BLVD.

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

2772

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 *Basil V. Horney*

Licensed Embalmer No. *472*

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