

FILED MAR 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4888**  
**801**

BIRTH NO.		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>801</u>
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>1 week</u>	c. CITY OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>9410 East 64th Terrace 2<sup>nd</sup> 0</u>		
3. NAME OF DECEASED (Type or Print) <u>OTTO</u>		a. (First) <u>O.</u> b. (Middle) <u>H.</u> c. (Last) <u>KAHMANN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 28, 1891</u>	9. AGE (In years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Weatherproof Products Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Henry Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>H. W. Kahmann</u> MOTHER'S MAIDEN NAME <u>Fredereka Bultman</u> NAME OF HUSBAND OR WIFE <u>Ruth Kahmann</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>495-01-0431</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Kahmann</u> ADDRESS <u>9410 E. 64th Terrace</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial infarction rupture of myocardium</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u>		<u>3 yrs</u>
		DUE TO (c) <u>—</u>		
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>—</u>		<u>4201</u>
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>
22. I hereby certify that I attended the deceased from <u>2-17</u> , 19 <u>56</u> , to <u>2-20</u> , 19 <u>56</u> that I last saw the deceased alive on <u>1:45 PM</u> , 19 <u>56</u> , and that death occurred at <u>3:29</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>E. G. Stegman</u> (Degree or title) <u>—</u>		23b. ADDRESS <u>Raytown, Mo.</u>		23c. DATE SIGNED <u>2-21-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/22/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laural Oak Cemetery</u> (State) <u>Windsor, Missouri</u>
DATE REC'D BY LOCAL REG. <u>2-22-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter J. Kepley</u> ADDRESS <u>Indep. Mo.</u>

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.....  
Signature of Student Embalmer

Signed.....  
*William L. Kenley*

Licensed Embalmer No. 9225

P. O. Address.....  
*Indian V*

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.