

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41149

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1167

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Greene</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		c. CITY OR TOWN <u>Springfield, Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1206 N. Clay</u>		Length of stay in 1b <u>23 years</u>		d. STREET ADDRESS <u>1206 N. Clay</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Katie</u>		Middle <u>Dell</u>		Last <u>Kahmann</u>		Month <u>December</u> Day <u>24</u> Year <u>1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>November 23, 1879</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR		IF UNDER 24 HRS.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>In Home</u>		11. BIRTHPLACE (City and state or country) <u>Henry County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>August W. Kahmann</u>				14. MOTHER'S MAIDEN NAME <u>Collins</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mr. A. W. Kahmann</u> Address <u>Springfield,</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:						Mo.	
IMMEDIATE CAUSE (a) <u>Auricular fibrillation & resulting decompensation.</u>						<u>2 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						<u>about 4 1/2 days.</u>	
DUE TO (b) <u>Rheumatoid arthritis, chronic, severe</u>						<u>at least 3-4 yrs.</u>	
DUE TO (c) <u>Severe Malnutrition</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY		Hour <u>a. m.</u>		Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>23 Dec '56</u> to <u>24 Dec '56</u> and last saw her alive on <u>24 Dec '56</u> . Death occurred at <u>9:20 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Harris E. Knafl, M.D.</u> (Degree or title)				22b. ADDRESS <u>Springfield, Mo.</u>		22c. DATE SIGNED <u>26 Dec '56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 27, 1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Windsor</u>		23d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>	
24. FUNERAL DIRECTOR <u>Berman & Schaff Funeral Home</u> ADDRESS <u>Springfield, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>12-26-56</u>		26. REGISTRAR'S SIGNATURE <u>Walter Williamson</u>	

(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.....
L. D. Gorman

Licensed Embalmer No. 31

P. O. Address.....
Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.