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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 10 1948 7

Registration District No. 9.7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4218

State File No. 22970

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 407 East Florence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 years
(Specify whether years, months or days)
In this community 18 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Windsor 2
(If outside city or town limits, write "RURAL")
(d) Street No. 407 East Florence St. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward C. Kahmann

3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased September 5 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 10 26 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Henry William Kahmann

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Frederika Beultman

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant: A. W. Kahmann

(b) Address: Springfield, Missouri

17. (a) Burial (b) Date thereof 8-248
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director: Hester Turner

(b) Address: Windsor, Mo.

19. (a) 8-3-1948 (b) H. H. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1948 hour 1 minute 30 P. M.

21. I hereby certify that I attended the decedent from July 29 to July 31 1948
that I last saw him alive on July 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction
Due to: Hypertension
Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: none
Of autopsy:

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work (e) Means of injury

23. Signature: Hester Turner (M. D. or other)

Address: Windsor, Mo. Date signed: 8-2

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

MOTHER FATHER

RECEIVED

District Health Officer No

District File Number 3-48-8

Date Filed 8-9-88

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 _____

William M. Turner, Registered Apprentice No. 470
working under my personal supervision.

Signed Edwin A. Burdick

Licensed Embalmer No. 3391

P. O. Address Windsor

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.