FILED JUL 15 1941

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-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21085

Registration District No. 8 Primary Registration District No. 202 Registrar's No. 11

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

1. PLACE OF DEATH:
(a) County Benton (b) City or town Lincoln R.F.D. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓ (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days) In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton
(c) City or town Lincoln Rural (If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Hester Viola Harms
3. (b) If veteran, name war ✓ 3. (c) Social Security No. None
4. Sex F 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 ✓ years
7. Birth date of deceased Sept. (Month) 18 (Day) 1930 (Year)

8. AGE: Years 10 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Benton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name Louis William Harms
13. Birthplace Saline Co. (City, town, or county) Missouri (State or foreign country)
14. Maiden name Nezzie Harms
15. Birthplace Saline Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Nellie Harms
(b) Address Lincoln Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Pleasant Cemetery
18. (a) Signature of funeral director J. B. Calbert
(b) Address Lincoln Mo
19. (a) June 11 (Date received local registrar) (b) Mrs. Amy K. Rhodes (Registrar's signature) June 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1941 hour 4:30 minute 15 P. M.
21. I hereby certify that I attended the deceased from Feb 1937, to May 17, 1941, that I last saw her alive on April 10, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchiectasis Chronic. — Duration
Due to
Due to Lobar Pneumonia
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations ✓ Of autopsy ✓

PHYSICIAN — Underline the cause to 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)
(e) While at work? ✓ (e) Means of injury ✓
23. Signature O. L. Cuddy (M. D. or other) Address Lincoln Date signed 5/17/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-41-1184
Date Filed 7-14-44

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.