No. 2
4-13-40
5-17-39
1 x2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24457

Registration District No. 8 | Primary Registration District No. 201 | Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Cole Camp ~~Rural~~ Williamstownship
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton 008

(c) City or town Cole Camp R F D #1 Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs Katherine Maria Harms

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry J Harms

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased April 26th 1865
(Month) (Day) (Year)

8. AGE: 76 Years | Months 2 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Benton County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Henry Viebrock
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Katherine Schrooder
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Arthur Harms
(b) Address Cole Camp Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Cheese Creek

18. (a) Signature of funeral director E L Eickhoff
(b) Address Cole Camp Mo

19. (a) 7-26-41 (Date received local registrar) (b) Sue Selover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1941 hour 2 minute 45 A M.

21. I hereby certify that I attended the deceased from March 23rd, 1941, to July 25th, 1941; that I last saw her alive on July 22nd, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic heart disease	unknown
Due to Hypertension & Arteriosclerosis	
Due to Senility	
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)
While at work? (e) Means of injury

23. Signature J. D. Bennett MD (M. D. or other) 0
Address Cole Camp Mo Date signed 7-26-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-41-1211
Date Filed 8-4-41

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 E. L. Eckhoff

Licensed Embalmer No. 130

P. O. Address Cole Camp Mo

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, fact should be so stated above.