

FILLED OCT 26 1941

Registration District No. **296**

Primary Registration District No. **5413**

Registrar's No.

1. PLACE OF DEATH: **FRANKLIN**
 (a) County **FRANKLIN**
 (b) City or town **RURAL UNION Twp.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **UNION Twp.**
 (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

3. (a) PRINT FULL NAME **HENRY EARNEST HARMS**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex **M O** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **WIDOWED**
 6. (b) Name of husband or wife **MATHILDA HELMANNACH** 6. (c) Age of husband or wife if alive **no** years
 7. Birth date of deceased **APRIL 28** (Month) **1863** (Day) (Year)

8. AGE: Years **78** Months **5** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **TUNESBERG PROVINCE GERMANY**
 (City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED FARMER**

11. Industry or business **Shoemaker**

12. Name **Unknown**

13. Birthplace **UNKNOWN GERMANY**
 (City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN GERMANY**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Walter Harms**

(b) Address **Union Twp.**

17. (a) **Burial** (b) Date thereof **Oct 4, 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Berger mo.**

18. (a) Signature of funeral director **Otto & Henry W. Otto**

(b) Address **Washington Missouri**

19. (a) **Oct 3-41** (b) **Louis J. Howen**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **FRANKLIN 36**
 (c) City or town **RURAL**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **UNION TOWNSHIP**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? **58 0** years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH, Month **10** day **2**
 year **1941** hour **6** minute **40 A.** M.
 21. I hereby certify that I attended the deceased from **July 1**, 19**41**, to _____, 19____,
 that I last saw h. l. m. alive on **10-1**, 19**41**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia and Myocarditis**
 Duration _____
 Due to _____
 Due to _____
 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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature **J. M. Perry** (M. D. or other) **MD**
 Address **Union Mo.** Date signed **10-3-41**

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

40
1940
2150

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.....

none
working under my personal supervision.

Registered Apprentice No. none

Signed: Henry W Otto

Licensed Embalmer No. 3560

P. O. Address Washington

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

If this body is not embalmed, fact should be so stated above.

STANDARD CERTIFICATE OF DEATH

State File No. 31502

Registration District No. 294

Primary Registration District No. 5413

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Rural
(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 _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry E. Harms

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased apr 28 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days _____ (If less than one day, min.)

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) oct 3 - 1941 (b) Louis T. Howers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 28
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____;

that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic nephritis

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-31562 1941