S. No. 2
I—1-4-41
. 5-17-39
#I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11578

State File No.

FILED APR 13 1942 668

Registration District No. Primary Registration District No. 3032 Registrar's No. 103

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

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 728 E 5 1
(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: Mo (b) County: Pettis
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No.: 728 E 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Fred Harms
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
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: ~~Do not know~~ (Month) 1 (Day) 1869
8. AGE: Years ~~About~~ 72 Months 3 Days 26 If less than one day hr. min.
9. Birthplace: (City, town, or county) (State or foreign country) Germany
10. Usual occupation: Farmer
11. Industry or business
MOTHER FATHER
12. Name: John Harms
13. Birthplace: (City, town, or county) (State or foreign country) Germany
14. Maiden name: Annie Maggie Eggenbach
15. Birthplace: (City, town, or county) (State or foreign country) Germany
16. (a) Informant: George Mein
(b) Address: Sedalia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Lake Creek Mo
18. (a) Signature of funeral director: McLaughlin Bros
(b) Address: Sedalia Mo
19. (a) 3/13/42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-12 day year 1942 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from 3-12 19 42 to 19 ;
that I last saw him alive on 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death: Chronic prostatitis
Chronic cystitis &
Chronic interstitial nephritis
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Interstitial nephritis

Duration

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: H. T. Bishop (M. D. or other)
Address: Sedalia Mo Date signed 3-14-42

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-10-42

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia

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.