

S. No. 2
M-1-4-41
v. 5-17-39
P-I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14700**

FILED MAY 12 1942

Registration District No. **429**

Primary Registration District No. **5885**

Registrar's No. **33**

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

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Rural Grover Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 35 days
(Specify whether years, months or days)
 In this community 35 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Grover Township
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Karen Marie Harms
 3. (b) If veteran, name war L
 3. (c) Social Security No. L

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 9
 year 1942 hour 1:20 minute _____ M.
21. I hereby certify that I attended the deceased from May 4 1942 to April 9 1942
 that I last saw her alive on April 9 1942
 and that death occurred on the date and hour stated above.

4. Sex Female 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 4 years 1942
(Day) (Year)
 7. Birth date of deceased March
(Month) (Day) (Year)

Immediate cause of death _____
① Pneumonia
② S. Pneumonia
 Due to _____
 Due to _____

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
	<u>1</u>	<u>5</u>		

Other conditions (Include pregnancy within 3 months of death) 159

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
 12. Name Omar Harms
 13. Birthplace Hughesville Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Marie Brandt
 15. Birthplace Johnson County Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 -Of operations _____
 -Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Omar Harms
 (b) Address Knob Noster, Mo.

17. (a) Burial (b) Date thereof Apr. 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) L
 (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 _____

18. (a) Signature of funeral director Knob Noster, Mo.
 (b) Address _____

19. (a) Apr. 9 1942 (b) Mrs. C.E. Foster
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) [Signature]
 Address Knob Noster, Mo. Date signed Apr 9 1942

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-11-42

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.....

No Embalming

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Dudley P Saults

Licensed Embalmer No. 4233

P. O. Address 1720 Norder, Mo

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.