

S. No. 2  
4-1-441  
5-17-39  
PI X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27028

State File No. \_\_\_\_\_

Registration District No. 98

Primary Registration District No. 4164

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Daviess  
(b) City or town Altamont Missouri  
(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 \_\_\_\_\_ (Specify whether)  
In this community Six hours 25 min. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess  
(c) City or town Altamont  
(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 Reatha Mae Harms  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

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 \_\_\_\_\_ years  
7. Birth date of deceased August 4 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day Six 25 hr. min.

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

10. Usual occupation None

11. Industry or business Infant

12. Name Hubert Fredrick Harms

13. Birthplace DeKalb County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Daisy Louella Reno

15. Birthplace Daviess County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hubert Harms  
(b) Address Altamont, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-42  
(Month) (Day) (Year)  
(c) Place: burial or cremation Knoxwell DeKalb Co.

18. (a) Signature of funeral director Mrs. Kate Group  
(b) Address Winston, Mo.  
19. (a) 8-5-1942 (Date received local registrar) (b) H. C. Richesson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th  
year 1942 hour 12 minute 25 P.M.  
21. I hereby certify that I attended the deceased from August 4 1942  
to August 4 1942  
that I last saw h. er. alive on August 4 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Prematurity and Patent Foramen Ovale

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 Frank Wilson (M. D. or other) M. D.  
Address Winston, Missouri Date signed Aug 4 1942

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

1084

(Licensed Embalmer's Statement on Reverse Side)

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**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.....

*Was Not Embalmed*....., 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 with the above constitutes grounds for revocation of license.)**

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