

FILED JAN - 8 1942

Registration District No. 274

Primary Registration District No. 5925

Registrar's No. 394

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia Home R.F.D. 1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Sedalia Home R.F.D. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
Life (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Mora Route 1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Henry Harms

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

4. Sex Male 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 Feb. 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 10 \_\_\_\_\_ hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Harms

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

14. Maiden name Eisenhart

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

16. (a) Informant Fred Schlesselman  
(b) Address Mora Route 1

17. (a) Burial (b) Date thereof Dec. 4 1942  
(Burial, cremation, or removal) (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) 12-4-42 Anna Anna Blazer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I found the deceased from \_\_\_\_\_  
12-2, 1942, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Found dead on highway on morning after a cold stormy night death due to rps evidently due to exposure  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Benile and deumited  
(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 H. I. Bishop Coroner  
Address Sedalia Mo. Date signed 12-4-42

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

MOTHER FATHER

Health Officer No. 8,

Case File Number.....

Date Filed 1-6-43.....

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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.....

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

working under my personal supervision.

Signed..... Robert H Reed.....

Licensed Embalmer No. 3745

P. O. Address..... Sedalia 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.**