No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20322

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 189

WRITE PLAINLY—USING 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: Bothwell Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton 8
(c) City or town Rural 0 (If outside city or town limits, write "RURAL")
(d) Street No. Route # 1, Lincoln 0 (If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Lola Vannatta Harms
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Andrew Harms
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased September (Month) 12 (Day) 1909 (Year)

8. AGE: Years 38 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Benton County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name J. A. Vannatta 0
13. Birthplace Benton County, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Workman
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Andrew Harms
(b) Address Lincoln, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation North Lutheran Cem. Benton County, Mo.
18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri
19. (a) 6-30-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1948 hour 7 minute 40 p M.

21. I hereby certify that I attended the deceased from May 17, 1948 to June 27, 1948 that I last saw her alive on June 27, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure from Pericardial effusion
Due to Fat necrosis from acute hemorrhage
Due to Pancreatitis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Cholecystectomy May 17 48 - Chronic gallbladder with stones
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 0

23. Signature Chas D Osborne (M. D. or other) M.D.
Address Sedalia Mo Date signed 6/28/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 2-2-48

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 William M. Turner, Registered Apprentice No. 470, working under my personal supervision.

Signed Ellison . Hunter

Licensed Embalmer No. 3391

P. O. Address Warsaw 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.