

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

4094

Do not use this space.

1. PLACE OF DEATH *St. Clair*
 (a) County *St. Clair* Registration District No. *763*
 (b) Township _____ Primary Registration District No. *4458* Registered No. *1*
 (c) City *Louisy City* (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred *67* yrs. mos. ds. (f) How long in U.S., if of foreign birth? *73* yrs. mos. ds.
 2. PRINT FULL NAME *GEORGE HENRY HAVERLAND*
 (a) Residence, No. *Louisy City, Mo. St. Clair Co. St.* *A*
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Sophia Haverland*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 2, 1859*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 7 0 13
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Retired Farmer*
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation *Life*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 25, 1941*
 22. I HEREBY CERTIFY That I attended deceased from *Jan 12* 19*41*, to *Jan 25*, 19*41*.
 I last saw him alive on *Jan 22*, 19*41*. Death is said to have occurred on the date stated above, at *1:00* a.m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis, ch

Other contributory causes of importance:

Senility 92A

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify _____
 (Signed) *W. H. [Signature]* M. D.
 (Address) *Appleton City, Mo.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
 FATHER 13. NAME *George Henry Haverland*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
 MOTHER 15. MAIDEN NAME *Mary Elizabeth Khaulder*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
 17. INFORMANT *William Haverland*
 (ADDRESS) *Louisy City, Mo.*
 18. BURIAL, CREMATION OR REMOVAL PLACE *Tabby Center* DATE *Jan 27, 1941*
 19. FUNERAL DIRECTOR *Fred Wilkinson*
 (ADDRESS) *Clinton Missouri*
 20. FILED *Jan 26, 1941* *Sophia L. Stratton*
 Local Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

900

RECEIVED

District Health Officer No. 7,

District File Number 3-41-381

Date Filed 2-14-41

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Fred W. Kessler

Licensed Embalmer No. 24078

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.)