No. 2
9-4-41
-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

See also 15378-42

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3364

State File No.

FILED FEB 16 1942
FILED FEB 16 1942

Registration District No. 763 Primary Registration District No. 6005 Registrar's No.

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 mi South of Deepwater Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 8 yr.

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

3. (a) PRINT FULL NAME Era Mae Haverland
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fe
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband ~~or wife~~ Calvin
6. (c) Age of husband or wife if alive 3-5 years
7. Birth date of deceased 3 (Month) 5 (Day) 1896 (Year)

8. AGE: Years 45 Months 10 Days 19 If less than one day hr. min.

9. Birthplace St Clair Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. Name John Holland
13. Birthplace Henry Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Betty Mae Moore
15. Birthplace Zelly Bend St Clair Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Calvin Haverland
(b) Address Deepwater Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Leeway City Mo
18. (a) Signature of funeral director Fred Wilkerson
(b) Address Clinton Mo
19. (a) 1/28-1942 (Date received local registrar) (b) D.E.L. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 24 year 1942 hour 12 minute 05 P.M.
21. I hereby certify that I attended the deceased from 1938, 19 to 1-24, 1942
that I last saw h. alive on 1-22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Brain Tumor ✓ 5 years
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Eugene D. Merillo (M. D. or other) M.D.
Address Clinton Mo Date signed 1-25-42

1127

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-42-80
Date Filed 2-11-42

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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Fred W Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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

7. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3364

Registration District No. 763 Primary Registration District No. 6005 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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: Eva M. Haverland
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Mar. (Month) 5 (Day) 188 (Year)
8. AGE: Years 45 Months 10 Days 8 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
(a) Brain tumor	
Due to: Unknown as to	
Due to: Benign or Malignancy	
Other conditions: no autopsy obtained	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 5 7 8

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)
(b) 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

23. Signature: Eugene D. Neville (M. D. or other) MD
Address: Belleton Mo Date signed 3-4-42

SUPPLEMENTARY