FILED MAY 1 1942

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

15378

Do not use this space.

1. PLACE OF DEATH
(a) County St Clair — Registration District No. [illegible]
(b) Township or City Butler Mo — Primary Registration District No. [illegible] — Registered No. [illegible]
(c) Deepwater Mo (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 0

2. PRINT FULL NAME Eva Mae Haverland
(a) Residence, No. Deepwater Rural St.
(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 Fe
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 Calvin Haverland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-5-1896

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
45	10	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Clair Co Mo

FATHER
13. NAME John Holland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

MOTHER
15. MAIDEN NAME Bettie Mae Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tally Bend St Clair Co Mo

17. INFORMANT (ADDRESS) Calvin Haverland Deepwater Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lowry City DATE 1-26 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Wilkinson Clinton Mo

20. FILED 1/25 1942 V E Lotz Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-24, 1942

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1939, to 1-23, 1942
I last saw h. CR alive on 1-23, 1942 Death is said to have occurred on the date stated above, at 12:05 m.
The principal cause of death and related causes of importance were as follows:

Pneumonia (Lobar) — Date of onset 1-22-42

108

Other contributory causes of importance:
Brain Tumor (Probably benign) for 15 year

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) Eugene D. Neville, M. D.
(Address) Clinton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X16605

MAY 1 1942

5-3344

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 Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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, above space should be left blank.