

STANDARD CERTIFICATE OF DEATH

State File No. _____

33840

Registration District No. 137Primary Registration District No. 5514Registrar's No. 157

1. PLACE OF DEATH:

- (a) County Henry
 (b) City or town Brunswick R.F.D.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: COG. HOSP.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
years, months or days3. (a) PRINT FULL NAME B. F. Haverland3. (b) If veteran, name war No 3. (c) Social Security No. Me4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Mary C. Haverland 6. (c) Age of husband or wife if alive 75 years7. Birth date of deceased May 16 1866
(Month) (Day) (Year)8. AGE: Years 79 Months 4 Days 29 If less than one day
hr. _____ min. _____9. Birthplace Germany
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

MOTHER { 12. Name George Henry Haverland
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Elizabeth Schwaner
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary C. Haverland(b) Address Brunswick, Mo., R.F.D. 117. (a) Funeral (b) Date thereof 10-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt Zion18. (a) Signature of funeral director E. A. G. G. G. G.(b) Address Brunswick, Mo.19. (a) Oct 18-1945 (b) R. B. Haverland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Henry
 (c) City or town Brunswick, Mo., R.F.D.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) _____
 (e) If foreign born, how long in U. S. A.? 72 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16
year 1945 hour 2:30 minute P. M.21. I hereby certify that I attended the deceased from 10-11-45
_____, 19____, to 10-16, 1945that I last saw him alive on 10-16, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Hypertensive Pneumonia 5 daysDue to Stenotic Arteriosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings _____
Of operations _____Of autopsy 6

Duration

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 J. B. Bowman (M. D. or other) _____
Address Boonville, Mo. Date signed 10-27-45

10-45-1109
11-9-40

SEP 3 1942

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 Tom Herald
Licensed Embalmer No. 2782
P. O. Address Deerpark

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.