S. No. 2
M—8-43
. 5-17-39
P I X37823

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

25824

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26982

FILED SEP 14 1946

Registration District No. 143 — Primary Registration District No. 5560 — Registrar's No. 29

1. PLACE OF DEATH:
(a) County: Howell
(b) City or town: Rural - Willow Spgs. Twp
(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
In this community (years, months or days): Ten Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Howell 46
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Willow Springs Twp 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: DANIEL HORACE EVELAND
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Jennie Depoy Eveland
6. (c) Age of husband or wife if alive: 81 years
7. Birth date of deceased: Feb. (Month) 15 (Day) 1868 (Year)

8. AGE: Years 78 | Months 5 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace: Arcola (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Retired Railroader
11. Industry or business: ?
MOTHER FATHER
12. Name: Nathan Eveland
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
14. Maiden name: Emily Turner
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: J. R. Eveland
(b) Address: Nevada, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/7/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Willow Springs City Cemetery
18. (a) Signature of funeral director: J. C. Burns
(b) Address: Willow Springs, Mo.
19. (a) Aug. 7, 1946 (Date received local registrar) (b) Ila McMillen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5 year 1946 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from July, 1938, to Aug, 1946, that I last saw him alive on Aug 4, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis — Duration 5 yrs
Due to: arteriosclerosis
Due to:
Other conditions: Chr. Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: 13 IA
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: 0
23. Signature: C. O. Callihan (M. D.)
Address: Willow Springs, Mo. Date signed: 8/7/46

127

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 946517
Date Filed 9-13-46

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 Wm. Fred Barnes, Registered Apprentice No. 413, working under my personal supervision.

Signed J. P. Burns

Licensed Embalmer No. 3379

P. O. Address Willow Springs, M

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.