

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

5966
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. Mercy Hospital Registered No. 177
 (e) Length of residence in city or town where death occurred = yrs. - mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME May Dora Varner

(a) Residence, No. _____ St. Union Star, Missouri.
 (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 Female 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 Charles L. Varner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 16, 1871.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 6 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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

12. BIRTHPLACE (CITY OR TOWN) Halleck
 (STATE OR COUNTRY) Missouri

13. NAME Charles McBride

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Sarah F. Finney

16. BIRTHPLACE (CITY OR TOWN) Buchanan County
 (STATE OR COUNTRY) Missouri

17. INFORMANT Charles L. McBride
 (ADDRESS) Union Star, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star, Mo. DATE Feb. 25 1939

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 2/24 1939 H. O. Sidenfaden
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1939, to Feb. 23, 1939
 I last saw h. er alive on Feb. 23, 1939 Death is said to have occurred on the date stated above, at 4:20 P. m.
 The principal cause of death and related causes of importance were as follows:

Acute dilatation of the heart.
54 H.

Date of onset 2-23-39

Other contributory causes of importance: Benign tumors of the uterus.

Name of operation, supravaginal hysterectomy Date of Feb. 14, 1939
 What test confirmed diagnosis? Rx. 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) Dr. W. H. S. [Signature] M. D.
 (Address) 823 Pearson St.

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.

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,

Robert P. Clarkson

....., or by *****

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

Signed *Robert P. Clarkson*

Licensed Embalmer No. 4028.

P. O. Address 1802 Union Str. St. Jose

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.