

RECORDED DEC 17 1939

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

38917
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 37
(b) Township Washburn Primary Registration District No. 5053 Registered No.
(c) City (d) Street No. Route 1, Washburn 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 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Barry County, Washburn 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Lee Dunn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1, 1887
7. AGE YEARS 52 MONTHS 4 DAYS 3 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Invalid
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 2

12. BIRTHPLACE (CITY OR TOWN) Barry County (STATE OR COUNTRY) Missouri

FATHER 13. NAME William Emmett Varner

14. BIRTHPLACE (CITY OR TOWN) Barry County (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Martha Herron

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

17. INFORMANT (ADDRESS) Mrs. C. T. Fulton

18. BURIAL, CREMATION, OR REMOVAL PLACE Corinth DATE 12/5, 1939

19. FUNERAL DIRECTOR (NAME) Koon Funeral Home (ADDRESS) Cassville, Mo.

20. FILED 12/5.39 19..... Cleo Edens 9:00 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1918, to Dec. 3, 1939.

I last saw her alive on Dec. 3, 1939. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Asthma Tubercular Date of onset 27
Other contributory causes of importance:

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 Gleason H. Salyer M. D.

(Signed) Cleo Edens (Address) Cassville Mo.

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.

WHILE IN CARE, WITH CERTAINING INTERESTS IS A PERMANENT RECORD

I X14233

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,

Rufus J. Miller

or by

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

Signed

Rufus J. Miller

Licensed Embalmer No. *3794*

P. O. Address *Cassville, Me.*

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.