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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22139

State File No.

WED JUL 15 1940

Registration District No. 430

Primary Registration District No. 51633

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town ME. Vernon *WVP*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium *3*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 2 mos., 8 days  
years, months or days

3. (a) PRINT FULL NAME Flavius Edward Varley *640*

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 6. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Febr. 7 1913  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>3</u>	<u>29</u>	hr. _____ min.

9. Birthplace Springfield Missouri *6*  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant *0*

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Edward Varley *1*

{ 13. Birthplace Dixon Missouri  
(City, town, or county) (State or foreign country)

{ 14. Maiden name: Josephine Garney

{ 15. Birthplace Patterson New Jersey  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk.

(b) Address Missouri State Sanatorium

17. (a) Removal (b) Date thereof June 7, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Springfield, MO

18. (a) Signature of funeral director J.H. Garney

(b) Address 458 E Walnut Springfield Mo

19. (a) 6-3-1940 (b) P.A. HOLMES  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield  
(If outside city or town limits, write "RURAL")

(d) Street No. 1921 Howard Ave  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th  
year 1940 hour 3:05 minute A M.

21. I hereby certify that I attended the deceased from March 28, 1940, to June 5, 1940  
that I last saw him alive on June 4th, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Pulmonary tuberculosis *1 yr*

Due to \_\_\_\_\_

Due to \_\_\_\_\_ *J. J.*

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations: None

Of autopsy: No

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? 421

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Maurice L. Joubert (M. D. or other) *1*

Address ME. Vernon, Mo. Date signed 6-5-40

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

*Holmes*  
RECEIVED  
District Health Officer No.  
District File Number 740-2330  
Date Filed 9 1940

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**