. No. 2
-11-10-39
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-I X21492

7

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24999

Registration District No. 4134 Primary Registration District No. 221 Registrar's No.

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Otterville 2

(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

In this community 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Otterville

(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.? years.

3. (a) PRINT FULL NAME Franklin Rust Varner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Julia Ann Varner

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April (Month) 6 (Day) 1853 (Year)

8. AGE: Years 87 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Luray, Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name Joseph Varner

13. Birthplace Virginia (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. R. Varner

(b) Address Otterville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-40 (Month) (Day) (Year)

(c) Place: burial or cremation Otterville, Mo

18. (a) Signature of funeral director L. F. Parker

(b) Address Otterville, Mo

19. (a) 6/1/40 (Date received local registrar) (b) Pearl Fogle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1940 hour 1 minute a.m.

21. I hereby certify that I attended the deceased from May 10, 1940 to May 30, 1940 that I last saw him alive on May 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death

Apoplexy 8 hr

Due to

Due to Senile dementia

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. E. Nelson M.D. (M. D. or other)

Address Lincoln Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-2-40

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

Signed Lucius F. Parker

Licensed Embalmer No. 3840

P. O. Address Ottoville, Mo.

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.