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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11285

Registration District No. 233 Primary Registration District No. 3027 Registrar's No. 29

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

61
23
2

1. PLACE OF DEATH:

(a) County MACON

(b) City or town MACON city
(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 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MACON 061

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harvey W. Varnes

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 4

6. (b) Name of husband or wife NEVA VARNES

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

7. Birth date of deceased MAY (Month) 21" (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	10	1	hr. min.

9. Birthplace MACON Co. D Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation BARNSDALL Oil, AGENT

11. Industry or business

FATHER
12. Name Sanford J. Varnes
13. Birthplace Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jennie C. McNees
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Neva Varnes
(b) Address Macon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood Cem. Macon Mo

18. (a) Signature of funeral director Stephens & Goodding
(b) Address Macon, Mo.

19. (a) 4/2/42 (Date received local registrar) (b) Nora B. Hunckler (Registrar's signature)

1037

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 22"
year 1942 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from Feb 14 1942 to March 22 1942
that I last saw him alive on March 22, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	4 days
Due to 94a	
Due to	
Other conditions (Include pregnancy within 3 months of death) Acute inflammation of knee joints & small joints of left foot	6 wks
Major findings of operations	
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

23. Signature T. P. Donovan (M. D. or other)
Address Macon, Mo Date signed 4/2/42

(Licensed Embalmer's Statement on Reverse Side)

APR 6 1942

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 C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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, fact should be so stated above.