

No. 2  
5-42  
17-36  
1-18

MAR 15 1943

Registration District No. 176

Primary Registration District No. 5635

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mount Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 164 days  
(Specify whether  
In this community..... 164 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.  
(c) City or town Pine Lawn  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6313 St. Louis Ave.  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country..... 1

3. (a) PRINT FULL NAME

JAMES VARDEN

3. (b) If veteran, name war..... no

3. (c) Social Security No. none

4. Sex male 5. 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 Nov. 20 1921  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
21 2 22 hr. min.

9. Birthplace Detroit Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation machine shop

11. Industry or business

12. Name James Varden

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Deasel

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael Record Clerk

(b) Address Mo. State San. Mount Vernon

17. (a) burial (b) Date thereof 2/17/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Edwin Marsh

(b) Address Paris MO

19. (a) 2-28-43 (b) Austin Whitney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11  
year 1943 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from Sept. 1  
1 1943, to Feb. 11 1943  
that I last saw him alive on Feb. 11 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Duration about 2 yrs.

Due to 13 ft

Other conditions Tubercular Enteritis  
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Pulmonary Tuberculosis

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?

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

23. Signature J. B. Stokes, D (M. D. or other)  
Address Pat. Vernon, Mo. Date signed 2/11/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 343-294

Date Filed MAR 12 1943

APR 5 1943

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. 3872

P. O. Address Quinn 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.