S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18771

State File No.

FILED JUN 11 1943

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 47

1. PLACE OF DEATH:

(a) County PUTNAM

(b) City or town UNIONVILLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY 1
(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 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Putnam

(c) City or town Unionville MO 86
(If outside city or town limits, write "RURAL")

(d) Street No. — 1
(If rural, give location)

(e) Citizen of foreign country? — 40. (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME WILLIAM JASPER VARNER

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex MO

5. Color or race W.

6. (a) Single, widowed, married, divorced 3D

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) - 5 (Day) - 1874 (Year)

8. AGE: Years 68 66 | Months 9 | Days 14 | If less than one day hr. min.

9. Birthplace (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name NEWTON VARNER
13. Birthplace (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name MARGRETT CONN
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Lynn Varner
(b) Address Lawrensville MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lemons Cem

18. (a) Signature of funeral director J O Husted Hon
(b) Address Unionville MO

19. (a) 6/1/43 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 19
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from april 19, 1943, to May 19, 1943;
that I last saw him alive on May 19, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	2 days
Due to	
Due to 33 d	
Other conditions Influenza (Include pregnancy within 3 months of death)	

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 J. C. Henson (M. D. or other) D.O.
Address Unionville, MO Date signed May 19, 43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-43-1057
Date Filed JUN 10 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 F O Husted

Licensed Embalmer No. 2975

P. O. Address Uniontown

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.