

No. 2
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-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22637

FILED JAN 3 1944
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 666

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
Freeman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 65 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Route 1, Webb City
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - -

3. (a) PRINT FULL NAME Minnie M. Varyan

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
year 1943 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from August 7 1943
to Dec. 2 1943;
that I last saw him alive on Dec 2 1943,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Burchard Varyan 6. (c) Age of husband or wife if alive - - - years

7. Birth date of deceased November 30 1878
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage, Duration 5 days

8. AGE: Years Months Days If less than one day

65	0	2	
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hr. min.

Due to myocarditis. Duration 6 months

9. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

Due to none

10. Usual occupation At Home

Other conditions none
(Include pregnancy within 3 months of death)

11. Industry or business None

Major findings: none

12. Name Augustus McNett

Of operations none

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

Of autopsy none

14. Maiden name Emeline Sawyer

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

16. (a) Informant Harry Varyan

(b) Address Route 1, Webb City, Mo.

17. (a) Burial (b) Date thereof Dec. 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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) (By) (Means of injury)

23. Signature [Signature] (M. D. or other) 12/3/43
Date signed 12/3/43

Address Frisco Bldg, Joplin Mo

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

MOTHER {

1204

48-12-1013

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 *Lucy Kneel - Buckmeier*

Licensed Embalmer No. *2510*

P. O. Address *Carthage, 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.