. S. No. 2
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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5363

FILED FEB 17 1945

Registration District No. 1005

Primary Registration District No. 1005

Registrar's No. 581

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution:
in front of 428 West Dartmouth Road, ?
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)

In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4

(c) City or town Kansas City, 1
(If outside city or town limits, write "RURAL")

(d) Street No. 428 West Dartmouth Road, 8
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Lewis L. Varney

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 Widowed ?

6. (b) Name of husband or wife Blanche Whitaker Varney

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

7. Birth date of deceased Aug (Month) 24 (Day) 1868 (Year)

8. AGE: Years 76 Months 5 Days 8 If less than one day hr. min.

9. Birthplace (City, town, or county) Kans 1 (State or foreign country)

10. Usual occupation Brokerage

11. Industry or business x

FATHER
12. Name Edwin Varney
13. Birthplace Virginia 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Haddon
15. Birthplace Pa 1 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Dorothy Varney
(b) Address 428 W. Dartmouth Rd., K. C., Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-45 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Muncie Leavenworth Kans

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-5-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd year 1945 hour minute P. M.

21. I hereby certify that I attended the deceased from Dec 10, 1944, to Feb. 1, 1945 that I last saw him alive on Feb 1, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 hour
Due to Chronic myocarditis	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) Had a cerebral embolus Dec. 14, 1944	
Major findings: Of operations no op.	
Of autopsy none	

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 Oscar Hofmann (M. D. or other)

Address 900 Dialto Bldg K C Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

Otto Hoffman

1+ 0 [illegible]

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Kansas City 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.