

FILED JUL 26 1945
 Registration District No. 29.0 Primary Registration District No. 5984 State File No. _____
 Registrar's No. 63

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

1. PLACE OF DEATH:
 (a) County Pulaski
 (b) City or town Richland Twp.
 (c) Name of hospital or institution: Suedeborg Ranch - 2 1/2 mi. N. W. of Richland Twp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Pulaski
 (c) City or town Richland
 (If outside city or town limits, write "RURAL")
 (d) Street No. Suedeborg Ranch
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Laura Elizabeth Varatan
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 5th
 year 1945 hour 11 minute 50 p.m.
 21. I hereby certify that I attended the deceased from June 7, 1945, to July 5, 1945
 that I last saw her alive on July 5, 1945
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race w
 6. (a) Single, widowed, married, divorced unmar?
 6. (c) Age of husband or wife if alive 18 years (Day) (Year)
 7. Birth date of deceased: June 18 1869
 (Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage
 Due to Hypertensive heart disease
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years 76 Months 0 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Manitowish Co MO
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business
 12. Name Marion Rose
 13. Birthplace unknown KY
 (City, town, or county) (State or foreign country)
 14. Maiden name Missouri Jim States
 15. Birthplace unknown KY
 (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Phyllis Nickels
 (b) Address Richland
 17. (a) Burial (b) Date thereof 7-8-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Varson Cemetery
 18. (a) Signature of funeral director R. B. J. J. J.
 (b) Address Richland Mo
 19. (a) 7-24-1945 (b) John W. Dodd
 (Date received local registrar) (Registrar's signature)

23. Signature R. O. Dewitt (M. D. or other) DO
 Address Waimanville Mo Date signed 7-21-45
newell

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..... *R. B. Deepw*
Licensed Embalmer No. *3198*
P. O. Address. *Richland*

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.