

S. No. 2
M-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37963

State File No.

FILED DEC 4 1946

Registration District No. 286

Primary Registration District No. 4424

Registrar's No.

1. PLACE OF DEATH:
(a) County Pack
(b) City or town Humansville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Geo. Deemuth Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
In this community 45 years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME LONNIE G. VARVEL
3. (b) If veteran, name war _____ 3. (c) Social Security No. 519-01-7668

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 19 year 1946 hour 4 minute 00 P M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pearl G. Varvel 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Sept 25 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 18 1946, to Nov 19 1946
that I last saw him alive on Nov 19 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 1 Days 24 If less than one day hr. _____ min. _____

Immediate cause of death: Progressive Mesenteric Thrombosis. Venous & arterial (vascular disease - sclerosis) thrombo-phlebitis, obliterans conductus edition
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Fishes Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Mail Carrier

11. Industry or business Retired

12. Name John W. Varvel

13. Birthplace Oregon Mo
(City, town, or county) (State or foreign country)

14. Maiden name J. Joy Weaver

15. Birthplace Clatsop Oregon
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lou Varvel

(b) Address Humansville Mo

17. (a) Burial (b) Date thereof Nov. 22-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humansville Cemetery

18. (a) Signature of funeral director E. H. Grimm

(b) Address Humansville, Mo.

19. (a) Nov. 24, 1946 (b) Russell Kirkpatrick
(Date received local registrar) (Registrar's signature)

Major findings: 99
Of operations Hungarian Jujument
Stomach 1/2 ft. - 2nd sigmoid
Of autopsy found 1st Peritonitis
acute

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? _____

23. Signature J. C. Conell (M. D. or other) _____
Address Humansville Mo Date signed Nov. 22, 46

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

JAN 3 1947

RECEIVED
DISTRICT OF COLUMBIA
11-46-3029
12-2-46

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 *me*
....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. H. Pimm*
Licensed Embalmer No. *4282*
P. O. Address *Humansville, 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.