

FILED JUL 3 1947
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 2713

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

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: Research Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 minutes
(Specify whether years, months or days)
 In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3112 Jackson
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME WALTER J. VARNER
 3. (b) If veteran, name war No
 3. (c) Social Security No. 487-07-3393

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
 year 1947 hour 3 minute 30 P. M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Beatrice Varner
 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased April 16 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 10 1947 to June 23 1947
 that I last saw him alive on June 22 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 2 Days 7
 If less than one day hr. _____ min. 0

Immediate cause of death Chronic myocardial infarction
embolism
 Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation T. W. A.
 11. Industry or business Airline
 12. Name William Varner
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Lula Guyton
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations 740
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Beatrice Varner
 (b) Address 3112 Jackson
 17. (a) Burial (b) Date thereof June 24 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ronne Terre, Missouri

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 0

18. (a) Signature of funeral director Wilks Funeral Home
 (b) Address 2315 Linwood K. C. 3 Mo
 19. (a) 6-24-47 (b) Yeraldine Holme
(Date received local registrar) (Registrar's signature)

23. Signature Harold A. Pollett (M. D. or other) me
 Address 1122 Prof. Bldg. W. Va. me Date signed 6/24/47

Dr. Pallett
1132 Professional Bldg.
Vt 1486

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 Chas E Wilks

Licensed Embalmer No. 2644

P. O. Address K.C. 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.