No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30080

FILED SEP 1 1947

Registration District No. 327 Primary Registration District No. 4494 Registrar's No.

1. PLACE OF DEATH
(a) County: Scott
(b) City or town: Commerce
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Scott 100
(c) City or town: Commerce
(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: Samuel Quinton Varnon
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Hattie Elizabeth Varnon
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: July (Month) 29 (Day) 1879 (Year)

8. AGE: Years 68 Months 0 Days 27 If less than one day hr. min.

9. Birthplace: Salem (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: John Samuel Varnon
13. Birthplace: Cynthia (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name: Delia O Griffith
15. Birthplace: Salem (City, town, or county) Ky (State or foreign country)
16. (a) Informant: Jesse A Varnon
(b) Address: Illmo, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 18, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakdale Cemetery, Mo
18. (a) Signature of funeral director: L C Englinghoff
(b) Address: Illmo, Missouri
19. (a) Aug 22 (Date received local registrar) (b) Eddie Held (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1947 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from February 14, 1946, to August 13, 1947, that I last saw him alive on August 13, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Respiratory failure	
Due to: Cerebral hemorrhage	
Due to: Extreme hypertension	approx. 10 yrs.
Other conditions: Chronic myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: 0

PHYSICIAN
Underline the cause of 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: Denton Wilson (M. D. or other) D.O.
Address: Kornfelt, Mo. Date signed Aug 17, 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 947-1185
Date Filed 9-9-47

VS DEC 11 1959

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 Oliver C Amick Registered Apprentice No. 455 working under my personal supervision.

Signed Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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 state[redacted]