FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 5 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4430

Registration District No. 09 | Primary Registration District No. 3019 | Registrar's No. 32

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Kennett (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Presnell Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Days (Specify whether years, months or days)
In this community: 6 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Dunklin 35
(c) City or town: Kennett Mo. (If outside city or town limits, write "RURAL") 2
(d) Street No.: 705 S. everett St (If rural, give location) 2
(e) Citizen of foreign country? (Yes or No) U
If yes, name country

3. (a) PRINT FULL NAME: James Earl Varner
3. (b) If veteran, name war: X
3. (c) Social Security No.: X

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: X
6. (b) Name of husband or wife: X
6. (c) Age of husband or wife if alive: X years
7. Birth date of deceased: Feb. (Month) 19 (Day) 1948 (Year)

8. AGE: Years | Months | Days: 6 | If less than one day: hr. min.

9. Birthplace: Kennett (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name: Ancil Varner
13. Birthplace: Casa (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name: Glinda Melvine Morris
15. Birthplace: Kennett (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Ancil Varner
(b) Address: 705 S. EverettSt. Kennett
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Ridge Cemetery
18. (a) Signature of funeral director: Lentz Service
(b) Address: Kennett Mo.
19. (a) 3-1-1948 (Date received local registrar) (b) Earl Husband (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 26th year: 1948 hour: 4 minute: 45 A.M.
21. I hereby certify that I attended the deceased from 2-24, 1948, to 2-26, 1948 that I last saw him alive on 2-26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Collapse	
Due to: Pre-maturity	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 59
Of autopsy: 10

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) 0
While at work?
(e) Means of injury
23. Signature: L. C. Wilson (M. D. or other)
Address: Kennett, Mo. Date signed: 2-28-48

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.
District File Number 348-3
Date Filed 3-3-

STATEMENT BY LICENSED EMBALMER

Not Embalmed.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.