

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED FEB 15 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

2510

## 1. PLACE OF DEATH

42 County Henry 2  
Township Fairview D  
City Desperator (No. \_\_\_\_\_)

Registration District No. 351  
Primary Registration District No. 3492

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Maurice F. Varner 656

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Della Varner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 11 - 1925</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>-</u>
	DAYS <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 113. NAME Daniel G. Varner 914. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 715. MAIDEN NAME Mary Lexington 116. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Earnest Varner  
(ADDRESS) Desperator, Mo

18. BURIAL, CREMATION, OR REINTERMENT

PLACE Travis Chapel DATE Nov 10 193919. UNDERTAKER Tom Hunt  
(ADDRESS) Desperator, Mo20. FILED Nov 10 1939  
J. J. Fickell  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8 1939

22. I HEREBY CERTIFY, That I attended deceased from

July 1939, to Nov. 8 1939I last saw him alive on Nov. 8 1939. Death is saidto have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum (Date of onset Nov 138)Other contributory causes of importance: noneName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) S. B. Hughes, M. D.315 (Address) Desperator, Mo.

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PS.