

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

42803
Do not use this space.

1. PLACE OF DEATH
 (a) County..... Buchanan, ² Registration District No. 85
 (b) Township..... St. Joseph, ¹ Primary Registration District No. 1001 Registered No. 1281
 (c) City..... St. Joseph, (d) Street No. 1325 North 10th. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 656 Argolis A. Varner,
 (a) Residence, No. 1325 North 10th. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Varner,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1852
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 6 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician
 9. Industry or business in which work was done, as saw mill, bank, etc. Medical
 10. Date deceased last worked at this occupation (month and year) December 1932 11. Total time (years) spent in this occupation 50
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia,
 FATHER 13. NAME Stephan H. Varner,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia,
 MOTHER 15. MAIDEN NAME Frances Revercomb,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia,
 17. INFORMANT (ADDRESS) Mrs. Scott Williams
1325 No. 10th. Street.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star, Mo. DATE Dec. 13th, 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur B. Baker, Bowman
319 So. 10th. Str. F. Commercial Bldg.
 20. FILED Dec 13 1939 H. J. Scott
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11th, 1939
 22. I HEREBY CERTIFY, That I attended deceased from January 28, 1939, to December 11, 1939
 I last saw him alive on December 11, 1939. Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Coronal Hemorrhage, metastasis Date of onset
Schlemmer's disease
Pharyngeal Hemorrhage 24 years
 Other contributory causes of importance:
oblique Intestine Fracture
Cough 39 Left Pneumonia June 28/39
 Name of operation Radical prostatectomy Date of 1/28/39
 What test confirmed diagnosis? X Ray 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 _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. J. Scott M. D.
109 1/2 N. 8th St. St. Joseph, Mo.
 (Address)

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.

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, Dec. 11, 1933

or by

Registered Apprentice No., working under my personal supervision of

Signed Wm. G. Summerfield

Licensed Embalmer No. 3007

P. O. Address 77 Joseph Mcd

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, above space should be left blank.