

BUREAU OF THE CENSUS  
HICFD JUL 15 1940

Registration District No. **840**

Primary Registration District No. **6102 4511**

Registrar's No. **19**

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

1. PLACE OF DEATH

(a) County Stoddard  
(b) City or town Burles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Wm Richard Varble  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) 1 yr

3. (a) PRINT FULL NAME Wm Richard Varble

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Mc 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alora Bell Varble 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct-25-1864  
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 30 If less than one day \_\_\_\_\_ yr. \_\_\_\_\_ min.

9. Birthplace Ind. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Penman

11. Industry or business  
MOTHER FATHER { 12. Name John Varble  
13. Birthplace Washburn  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Varble  
(b) Address Chaffee St, Burles Mo

17. (a) Burles (b) Date thereof June 25 40  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burles Mo

18. (a) Signature of funeral director Watkins  
(b) Address De Soto Mo

19. (a) June 26-1940 (b) De Maria Lynch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard  
(c) City or town Burles Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 June  
year 1940 hour 12 45 minute 45 M.

21. I hereby certify that I attended the deceased from May 1  
1940, to June 24, 1940  
that I last saw him alive on June 20, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Bubonic typh

Due to High Blood Pressure

Due to Heart Heart

Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death) \$10

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 E. J. Elmore (M. D. or other) \_\_\_\_\_  
Address Stoddard Mo Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 2

District File Number 740 - 1183

Date Filed 7/3/40

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.....

*Virgil H. Welch*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Virgil H. Welch*  
Licensed Embalmer No. 4102  
P. O. Address *Dexter, 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, above space should be left blank.