

FILED APR 15 1941

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

11766

Do not use this space.

1. PLACE OF DEATH Putnam
(a) County..... Registration District No. 724
(b) Township York Primary Registration District No. 5953
(c) or Powersville (d) Street No. 1 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eliza Catherine Varner
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 11 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as 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) Powersville, Mo.
(STATE OR COUNTRY)

13. NAME Newton Varner

14. BIRTHPLACE (CITY OR TOWN) Dekalb Co. Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Margaret Conn,

16. BIRTHPLACE (CITY OR TOWN) Unknown Ohio.
(STATE OR COUNTRY)

17. INFORMANT Mrs. Bert Robinson,
(ADDRESS) Powersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL Powersville Cem. DATE Mar. 11, 1941
PLACE

19. FUNERAL DIRECTOR (NAME) Beary-Statton Co.,
(ADDRESS) Powersville, Mo.

20. FILED Mar 15 1941 Mrs. D. L. Pollock
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1941

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1941, to March 10, 1941
I last saw her alive on March 7, 1941. Death is said to have occurred on the date stated above, at 9: A. m.
The principal cause of death and related causes of importance were as follows:

Chronic Cholecystitis
Chronic Myocarditis
Chronic Chorea
Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify.....
(Signed) L. W. McDonald, M.D.
(Address) Powersville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X 16003

RECEIVED

District Health Officer No. 10

District File Number 4-41-654

Date Filed APR 3 1941

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.....

..... No embalming, 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, above space should be left blank.

1-1
22 14
MOORE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11766

Registration District No. 724

Primary Registration District No. 5985

Registrar's No.

1. PLACE OF DEATH

(a) County Putnam
(b) City or town Spick
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Putnam
(c) City or town Powersville
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Eliza Catherine Varner

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Mar day 10
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Apr 1 1872
(Month) (Day) (Year)

Immediate cause of death
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 68 Months 11 Days 10
If less than one day hr. min.

Major findings:
Of operations
Of autopsy

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name (City, town, or county) (State or foreign country)
15. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant (b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address
19. (a) Marks AH (Date received local registrar) (b) Mrs. D. W. Pellock (Registrar's signature)

23. Signature L. W. McDonald (M. D. or other)
Address Powersville MO Date signed

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

ROWENA

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

11766

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.....
....., 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.