DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27682

State File No.

Registration District No. 212 FILED SEP 1 1942 Primary Registration District No. 5779 Registrar's No. 39

1. PLACE OF DEATH:

(a) County Miller

(b) City or town RURAL — FRANKLIN TWP.
(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 —
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

(c) City or town RURAL — FRANKLIN —
(If outside city or town limits, write "RURAL")

(d) Street No. — ONE — Mile — So. of Eldon
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME CLARA — VARNER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband ~~or wife~~ JOHN — VARNER

6. (c) Age of husband ~~or wife~~ if alive 61 years

7. Birth date of deceased August (Month) 27 (Day) 1872 (Year)

8. AGE: Years 69 Months 11 Days 18 If less than one day — hr. — min.

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

10. Usual occupation House — Wife

11. Industry or business Home

MOTHER FATHER

12. Name JOHN — FRY

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

14. Maiden name unknown

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

16. (a) Informant's own signature John Varner

(b) Address Eldon Mo

17. (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 8-17-42 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ TUSCUMBIA — CEM

18. (a) Signature of funeral director Faith McFaye

(b) Address Eldon, Mo

19. (a) 8-17-42 (Date received local registrar) (b) W. S. Greenwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15 year 1942 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 15, 1942, to Aug. 15, 1942, that I last saw her alive on Aug. 11, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Jaundice	6 mo
Due to: Ca. of Head of Pancreas - ?	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

PHYSICIAN — Underline the cause to 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)

While at work? (e) Means of injury

23. Signature M. J. Ayres (M.D. ~~or other~~)

Address Tuscumbia Mo Date signed 8-26-42

1117

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

RECEIVED
Miller County Health Dep't.
County File Number 42-67
Date Filed 9/8/42

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 Keith M Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon 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.