

No. 2
5-43
5-17-39
X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1943

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3766
Registrar's No. 47

Registration District No. 2565
Primary Registration District No. 247 4366

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Granby
(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 53 Yrs
In this community 53 Yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Granby
(d) Street No.
(e) Citizen of foreign country? NO.
If yes, name country

3. (a) PRINT FULL NAME SAMUEL BAXTER VARNER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora G. Varner 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased March 4th, 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 22
If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business
12. Name Noble W. Varner
13. Birthplace Unknown
14. Maiden name Margaret Ward
15. Birthplace Unknown

16. (a) Informant Nans W. Sanders
(b) Address Granby MO.

17. (a) Burial (b) Date thereof 12-28-43
(c) Place: burial or cremation Granby MO.

18. (a) Signature of funeral director Charles Williams
(b) Address Granby Mo
19. (a) 12/30/43 (b) Ruby Howard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 26
year 1943 hour 10 minute 30 A. M.
21. I hereby certify that I attended the deceased from May 12
1940, to Dec 25 1943
that I last saw him alive on Dec 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial
De of Athero Sclerotic Changes

Due to
Due to
Other conditions
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles O. Chitt
Address Box 36 Granby Mo Date signed 12/27/43

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1149

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-10-44

District Health Officer No. _____
District File Number 1243-263
Date Filed 1-14-44

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.