

S. No. 2
DM-2-43
2-5-17-39
-1 X33597

10878

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 20, 1944

Primary Registration District No. 5396

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Rural - Jackson Brush Creek
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yrs
In this community 12 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Brush Creek Loop
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Grady Crawford Varner

3. (b) If veteran, name war World War #1
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 Lizzie Varner
6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March 23 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 10 Days 14
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Harve Brice Varner

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

14. Maiden name Delia Ann Wilson

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

16. (a) Informant Lizzie Varner

(b) Address Rockbridge, Mo.

17. (a) Burial (b) Date thereof 2-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Souder Cemetery

18. (a) Signature of funeral director Chickingbeard

(b) Address Gainesville, Missouri

19. (a) 2-10-44 (b) Miss G. R. Spurluck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7
year 1944 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from Feb. 5th
1944, to Feb. 7, 1944

that I last saw him alive on Feb. 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia Right side (Cerebral hemorrhage) 3 days
Duration

Due to arterial hypertension 15 yr

Due to

Other conditions (Include pregnancy within 3 months of death) 30!

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?

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

23. Signature M. J. Hoerman (M. D. or other) 100

Address Gainesville, Mo. Date signed 2-8-44

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

34
0
0

34
9
9

FATHER
MOTHER

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

RECEIVED

District Health Officer No. 6

District File Number 344-388

Date Filed MAR 16 1944

MAY 25 1944

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 *W.B. Hutchison*.....

Licensed Embalmer No. *3431*.....

P. O. Address *Yamessville N.C.*.....

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.