S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38725

Registration District No. 155 | Primary Registration District No. 5578 | Registrar's No. 166

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: N.E. Webb City 4 Miles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural - Joplin Rt 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Transient

2. USUAL RESIDENCE OF DEACESED:

(a) State: Michigan (b) County: Waine 999

(c) City or town: Detriot 20
(If outside city or town limits, write "RURAL")

(d) Street No.: Gen. Del. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 2
If yes, name country .....

3. (a) PRINT FULL NAME: Thomas Varnell

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: Divorced

6. (b) Name of husband or wife .....

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

7. Birth date of deceased: April (Month) 8 (Day) 1908 (Year)

8. AGE: Years 38 | Months 6 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace: No Data (City, town, or county) Texas (State or foreign country)

10. Usual occupation: Electrian

11. Industry or business: Unemployed

FATHER
12. Name: Thomas E. Varnell
13. Birthplace: No Data (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name: Myrtle Ranson
15. Birthplace: Dallas (City, town, or county) Texas (State or foreign country)

16. (a) Informant: Records
(b) Address .....

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Nov 9, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Dallas Texas

18. (a) Signature of funeral director: Hedge-Lewis
(b) Address: Webb City, Mo.

19. (a) 11-8-47 (Date received local registrar) (b) A. L. Gretchen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7 year 1947 hour 2 minute 30 p M.

21. I hereby certify that I attended the deceased from Did Not attend 19..... ; that I last saw him alive on ..... 19..... ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Hit by Car Post
Left side of head
Due to: Leave Auto
Due to: .....

Other conditions (Include pregnancy within 3 months of death): .....

Major findings:
Of operations: No
Of autopsy: No

Autopsy Investigation

PHYSICIAN: Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: 11/7/47
(c) Where did injury occur? Carthage Jasper Mo (City or town) (County) (State)
(d) Did injury occur in or about home or farm, in industrial place, in public place? Public Place - Hi Way 66 (Specify type of place)
While at work? No (e) Means of injury: Car
23. Signature: L. W. Dorsett (M. D. or other) 2
Address: 214 Joplin Date signed: 11/7/47
Joplin Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-11-881

NOV 24 1947

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 Richard Gray Lewis

Licensed Embalmer No. 14400

P. O. Address Webb City 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, fact should be so stated above.