S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 29 1948

Registration District No. 29

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 9415

Registrar's No. 108

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital 0
(If not in hospital or institution, write street number and locality)
(d) Length of stay: In hospital or institution: 2 days
In this community: --
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion 64
(c) City or town: Hannibal 0
(If outside city or town limits, write "RURAL")
(d) Street No.: R. R. # 1 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country: --

3. (a) PRINT FULL NAME: Henry G. Vark
3. (b) If veteran, name war: -
3. (c) Social Security No.: -

4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: single 0
6. (b) Name of husband or wife: --
6. (c) Age of husband or wife if alive: - years
7. Birth date of deceased: July (Month) 10 (Day) 1876 (Year)

8. AGE: Years 71 | Months 6 | Days 7 | If less than one day: hr. min.

9. Birthplace: Hanover (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation: retired laborer
11. Industry or business: --

MOTHER FATHER
12. Name: Henry Vark
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name: Mary Scheips
15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: William Vark
(b) Address: 502 N. 8th, Hannibal, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation: West Ely Cemetery
18. (a) Signature of funeral director: Roy O. Schwartz
(b) Address: 1000 Broadway, Hannibal, Mo.
19. (a) 3-23-48 (Date received local registrar) (b) Dirk M. Lucke (Registrar's signature) 19

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 17 year: 1948 hour: 10 minute: 10 a. M.
21. I hereby certify that I attended the deceased from March 16, 1948 to March 17, 1948 that I last saw him alive on March 17, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to: Arteriosclerosis	1 yr.
Due to:	
Other conditions: - (Include pregnancy within 3 months of death)	
Major findings: Of operations: 93 D	
Of autopsy:	

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):
(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: 0

23. Signature: Robert Manning (M. D. or ~~other~~)
Address: Hannibal, Mo Date signed: 3/20/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Hannibal, 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.