

No. 300
-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30004**
Registrar's No. **3780**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
(Specify whether
In this community **7 years**
years, months or days)

3: (a) PRINT FULL NAME **Mrs. Edith G. Varner**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **522-03-5325**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Joseph E. Varner** 6. (c) Age of husband or wife if alive **9th. 1879** years
7. Birth date of deceased **June 9th. 1879**
(Month) (Day) (Year)

8. AGE: Years **69** Months **3** Days **5** If less than one day hr. min.

9. Birthplace **New York** **N. Y.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **E. H. Gurney**
13. Birthplace **Saratoga Springs** **N. Y.**
(City, town, or county) (State or foreign country)

14. Maiden name **Helen Darland**
15. Birthplace **Chatam** **N. Y.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gurney Varner**
(b) Address **Denver, Colorado**

17. (a) **Removal** (b) Date thereof: **9-16-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Denver, Colorado**
Freeman Mortuary

18. (a) Signature of funeral director
(b) Address **Kansas City, Missouri**

19. (a) **9-15-48** (b) **St. Edeline Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **46**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **400 So. Oakley**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **14th.**
year **1948** hour **7** minute **P.** M.
21. I hereby certify that I attended the deceased from **Mar 7, 1946** to **Sept 14, 1948**
that I last saw her alive on **Sept 14, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemangioma of liver** **Byro**
Duration

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **5-6-48**
Of operations
Of autopsy
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature **Edw. A. Samuelson** (M. D. or other) **M.D.**
Address **2603 E 31** Date signed **9-15-48**

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

MOTHER FATHER

Y602 2 31/2
11 to born - 1 to 5
020386

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas 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.