

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

27426  
Do not use this space.

REC'D SEP 12 1938

791  
1003

7440

1. PLACE OF DEATH  
(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. ....  
(c) City St. Louis, Mo. (d) Street No. Missouri Pacific Hospital St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. 23 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wm. Varner  
(a) Residence, No. 304 N. Allen Ave. St. NR Bonne Terre - Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lulu Varner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 / 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 3 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Engineer  
10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caruthersville Missouri

FATHER 13. NAME Robert Varner  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Unk.

MOTHER 15. MAIDEN NAME Mary Ellis  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Unk.

17. INFORMANT (ADDRESS) Walter J. Varner Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre, Mo. DATE Aug. 23 / 1938

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe, Inc. 429 N. Euclid Ave.

20. FILED AUG 24 1938 J. D. Braddock Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8. 20 19 38

22. I HEREBY CERTIFY, That I attended deceased from July 27, 19 38, to Aug 20, 19 38  
I last saw him alive on 8 - 20, 19 38 Death is said to have occurred on the date stated above, at 2:50 P.M.  
The principal cause of death and related causes of importance were as follows:  
Hypertensive Heart Disease (De-compensated) Date of onset  
Chr., hepatitis 131  
Other contributory causes of importance:  
Name of operation None Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None  
If so, specify .....  
(Signed) [Signature] M. D.  
(Address) 1755 So Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE DEPARTMENT WITH CHANGING INK—THIS IS A PERMANENT RECORD

I X 12004

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Albert G. Hoff*

Licensed Embalmer No. 2971

**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.)**