REC'D JUN 14 1938

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

17746
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 522
(c) City St. Joseph — (d) Street No. Missouri Methodist 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 6 yrs. 2 mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David Eugene White 200
(a) Residence, No. 2817 Penn. St.
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 29, 1932
7. AGE: 6 YEARS, MONTHS: 2, DAYS: 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. --
10. Date deceased last worked at this occupation (month and year) --
11. Total time (years) spent in this occupation --

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri.

FATHER
13. NAME James F. White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gillman Illinois

MOTHER
15. MAIDEN NAME Gertrude L. Moss
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LaMar Arkansas.

17. INFORMANT James F. White
(ADDRESS) 2817 Penn Str. St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
PLACE St. Joseph, Mo. DATE May 16, 1938
19. FUNERAL DIRECTOR H. C. Sidenfaden and Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.
20. FILED May 16, 1938 H J Nesthebush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1938.
22. I HEREBY CERTIFY, That I ~~attended~~ Viewed deceased from ....., 19...., to 5 - 14, 1938
I last saw h ~~alive on~~ ....., 19.... Death is said to have occurred on the date stated above, at 2:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock 5-13-38	Sudden
Skull fracture	2.10 m
Traumatic rupture of spleen	
Multiple lacerations to body	

Other contributory causes of importance:
Bi-lat fracture of femurs
multiple contusions to body
cerebral concussion

Name of operation None Date of
What test confirmed diagnosis? History Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5-13-, 1938
Where did injury occur? St Joseph, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In Public street
Manner of injury Struck by automobile
Nature of injury Skull fracture - Trauma -

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify —
(Signed) M. E. Grimes, M. D.
(Address) Acting Coroner - St Joseph. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Elbert E. Harrington, Licensed Embalmer No. 3258.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

---- L. E. -----

No. ---- or by ------, Registered Apprentice No. ----

working under my personal supervision.

Signed Elbert E. Harrington

Licensed Embalmer No. 3258.

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.)