

1939 JUN 19 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18238
Do not use this space.

1. PLACE OF DEATH

(a) County Cassidy Registration District No. 117
 (b) Township Osage Primary Registration District No. 5767
 (c) City _____ (d) Street No. _____ 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

WALTER GLENN WHITE
 (a) Residence, No. 4207 Westminster St. St. Louis, 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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 31-1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 9 10

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. blank
 9. Industry or business in which work was done, as saw mill, bank, etc. Gold Storage
 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) Carruthersville, Missouri

FATHER
 13. NAME Walter Glenn White

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) State Illinois

MOTHER
 15. MAIDEN NAME Melba Grace

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Maubou, Arkansas

17. INFORMANT (ADDRESS) W.G. White, 4207 Westminster

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, MO DATE June 14, 1939

19. FUNERAL DIRECTOR (NAME) Marshall
4259 Lunder, St. Louis, MO

20. FILED June 15, 1939 Lizzie Keller Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-11, 1939

22. I HEREBY CERTIFY, That I VIEWED deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

accidental drowning 1939
 Date of onset _____

swimming on the Lake of the Ozarks - at Orlando Beach, supposedly cramped.
 Other contributory causes of importance _____

Name of operation eye witnessed 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 June 11, 1939
 Where did injury occur? In Lake of the Ozarks
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury asphyxiation
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) BE Woolery Corner _____, St. D.
 (Address) Cassidy, MO

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.