No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1941

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5127

State File No. 37900

Registrar's No. 115

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Washington Twsp Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fontenele Night Club / Saxton Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. RR #6 Lake Road
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Glen F. White

3. (b) If veteran, name war — 1

3. (c) Social Security No. 335-01-7762

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased Oct (Month) 7 (Day) 1913 (Year)

8. AGE: Years 28 Months 1 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace St Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Packing House Employee

11. Industry or business Armours & Co

FATHER
12. Name Fred White
13. Birthplace Pleasanton / Iowa (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Walker
15. Birthplace Halls (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Fred White
(b) Address RR #6 Lake Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address St Joseph, Mo

19. (a) Dec 1 1941 (Date received local registrar) (b) 3D Nestlepuck L.O. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1941 hour 3 minute 00 A.M.

21. I hereby certify that I ~~attended~~ viewed the deceased from on Nov. 29th 1941 to ..... 19....;
that I last saw ..... 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound through and through the head bullet entered — Duration 1 day

Due to right frontal region left Exit left occipital-parietal

Due to region of the head. 166

Other conditions
(Include pregnancy within 3 months of death)
Man was shot and killed

Major findings:
Of operations by a 38 Caliber pistol wound through the head.
Of autopsy NO [Causing instant death.

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) Homicide
(b) Date of occurrence Nov. 29th 1941
(c) Where did injury occur? St Joseph (City or town) Buchanan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fontenele Night Club (Specify type of place)
While at work? no (e) Means of injury 38 Caliber Pistol

23. Signature H F Mundy (M.D. or other) Coroner
Address 404 So 3d ST. JOSEPH Date signed Nov. 30 1941

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(Licensed Embalmer's Statement on Reverse Side)

DEC 16 1941

DEC 10 1941

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 ..... 11-29-41 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address S X Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.