

DEC 22 1941

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4322

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 1310 East 27th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 27 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State _____
(b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1310 East 27th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GLEN LORN WHITMAN

3. (b) If veteran, _____ 3. 488-09-8065 Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Ellen Whitman 6. (c) Age of husband or wife if alive over 21 years
1889 years

7. Birth date of deceased May 10 (Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Pleasanton Kansas (City or town) (State or foreign country)

10. Usual occupation _____

11. Industry or business K.C Journal

12. Name George W. Whitman

13. Birthplace Iowa (City or town) (State or foreign country)

14. Maiden name Phoebe Thomas

15. Birthplace IOWA (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ellen Whitman

(b) Address 1310 East 27th St.

17. (a) Burial (b) Date thereof 11-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J. P. ...

(b) Address 3256 Broadway

19. (a) 11-21-41 (b) M. M. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Bullet Wound Head
Luc & New Brans
Fract Skull

Other conditions (Include pregnancy within 3 months of death) 11.4c

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Self-defense
(b) Date of occurrence 11-20-41
(c) Where did injury occur? cc Jackson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Russell ... (M. D. or other) _____
Address ... Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MIC

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address H. C. 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.