

S. No. 2
1-8-43
5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38711**

FILED NOV 29 1944

Registration District No. **516**

Primary Registration District No. **3059**

Registrar's No. **200**

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

1. PLACE OF DEATH:

(a) - County **ST. FRANCOIS**

(b) City or town **BONNE TERRE**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BONNE TERRE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 1/2 HOURS**
(Specify whether)

In this community **19 years**
years, months or days

3. (a) PRINT FULL NAME **MONTE FRANKMAN WHITE**

3. (b) If veteran, name war _____

3. (c) 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 **Francis White**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **March 22 1892**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	hr.	min.
52	7	9		

If less than one day

9. Birthplace **Shirley Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Manny**

11. Industry or business **St Joseph Lead Co.**

MOTHER FATHER

12. Name **Horace**

13. Birthplace **Washington C. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Jane Wilson**

15. Birthplace **Shirley Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Francis White**

(b) Address **Bonneton mo**

17. (a) **Bureau** (b) Date thereof **Nov 3 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Sparks**

(b) Address **Flat 1000**

19. (a) **11-8-44** (b) **Jones Johnson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST. FRANCOIS**

(c) City or town **BONNE TERRE** **94**
(If outside city or town limits, write "RURAL")

(d) Street No. **RURAL ROUTE 2** **3**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **31** at
year **1944** hour **5** minute **45** A.M.

21. I hereby certify that I attended the deceased **By Request**
Deaths Oct 31 1944

that I last saw him **alive on** _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Gun Shot Wounds** Duration _____
Jury verdict: The deceased
ran to his death by gun
shot wounds at the hands
of Lee (Oke) Nenson, Murder
in the First Degree.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations **166**

Of autopsy _____

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 **Oct. 31 1944**

(c) Where did injury occur? **Bonne Terre St. Francois Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm - Home
(Specify type of place)

While at work? **No** (e) Means of injury **12 ga. Shotgun**

23. Signature **Clarence Claywell** (M.D. or other) **Lawner**
Address **Bonne Terre Mo.** Date signed **10/31/44**

RECEIVED

District Health Officer No. 4

District File Number 1144-4588

Date Filed 11-27-44

11/27/44

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: Ewert Sparks

Licensed Embalmer No. 4287

P. O. Address Flat River 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.