

2
40
17-39
X23159

FILED APR 17 1942
3-4-7-14

Registration District No. _____ Primary Registration District No. 4211

Registrar's No. 90

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Windsor, Mo.
 (c) Name of hospital or institution 404 West Jackson
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 37 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Jane Stevens
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Jesse Stevens 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 2 1868
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>		<u>28</u>	_____ hr. _____ min.

9. Birthplace unknown Kentucky
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
 12. Name unknown
 13. Birthplace unknown unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Nancy Owens
 15. Birthplace unknown unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant John Stevens
 (b) Address Windsor, Mo.

17. (a) Burial (b) Date thereof 3-31-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner
 (b) Address Windsor, Missouri

19. (a) April 7, 1942 Georgia Kitchen J.K.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry
 (c) City or town Windsor
 (If outside city or town limits, write "RURAL")
 (d) Street No. 404 West Jackson
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 30
 year 1942 hour _____ minute 2:15 P.M.

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

Immediate cause of death Killed instantly by a train

Due to _____
 Due to _____

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

Major findings: Of operations _____
 Of autopsy _____

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

22. If death was due to external causes, fill in the followings
 (a) Accident, suicide, or homicide (specify) Accident 042
 (b) Date of occurrence March 30, 1942

(c) Where did injury occur? Windsor, Henry Co., Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? yes (e) Means of injury train

23. Signature R. D. Hall (M. D. or other) M.D.
 Address Clinton, Mo. Date signed 3/30/42

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

12
2
0

1049

APR 16 1942

RECEIVED

District Health Officer No: 71

District File Number 4-42-379

Date Filed 4-13-42

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

E. M. Huston

Licensed Embalmer No.

3391

P. O. Address

Windsor, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10 902**

Registration District No. **14**

Primary Registration District No. **4211**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Windsor**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Jane Stevens**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Mar 2 1866**
(Month) (Day) (Year)

8. AGE: Years **74** Months **-** Days **23** If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **mar** day **30** year **1942** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ 19 _____
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Under the cause of death _____

**Killed instantly by
a train**

Due to **victim was walking
along the railroad tracks**

Due to **pushing a basket of coals. She
apparently tried to beat the
train when she attempted
to cross the tracks and train
struck her.**

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

Major findings: _____
Of operations: _____

Of autopsy _____ **169-8**

Duration _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **35**

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature **Dr. R. S. Hallingwood** (M. D. or other) **Coroner**
Address **Clinton Mo** Date signed **5/1/42**

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

SUPPLEMENTARY

S-10902 1942