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FILED APR 17 1942

Registration District No. 2-4-7-14

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  
 In this community 37 years  
 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\_\_\_\_;  
 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  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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, 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 (Specify type of place) (e) Means of injury train

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

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

42  
2  
0

042  
2  
0

1049

APR 16 1942

RECEIVED

District Health Officer No. 7:

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. 10902

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 7 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 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months - Days 28 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) (Specify type of place)

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\_\_\_\_ to \_\_\_\_\_ 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  
the train

Due to victim was walking  
along the railroad tracks  
Due to carrying a basket of coals  
apparently tried to beat the  
train when she attempted  
to cross the tracks and train

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations: fractured her

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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) \_\_\_\_\_  
(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) \_\_\_\_\_  
Address Clinton Mo Date signed 5/1/42

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

SUPPLEMENTARY

S-10902 1942