

S. No. 2
M-5-42
5-17-39
X32873

21451

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 17 1943
Registration District No. 137 Primary Registration District No. 5520 Registrar's No. 92

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Rural, Windsor Twsp.
(c) Name of hospital or institution:
Route # 3
(d) Length of stay: In hospital or institution 2 years
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Rural
(d) Street No. R # 3, Windsor
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Mrs. Nettie Ann Garrett

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, married

6. (b) Name of husband or wife William E. Garrett 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 17, 1873

8. AGE: Years 69 Months 11 Days hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Edward Hurst

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

14. Maiden name Sarah Martin

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

16. (a) Informant Mrs. Edgar Dowell (b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 4-19-43 (c) Place: burial or cremation Windsor, Missouri

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

19. (a) May 4, 1943 (b) Georgia Kitchen

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1943 hour 2 minute P. M.

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

Immediate cause of death: struck by a freight train and killed instantly. Had started to get out of car when train struck her.

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

Major findings: Of operations No 23 Of autopsy

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

(a) Accident, suicide, or homicide (specify) Accident 042

(b) Date of occurrence April 17, 1943

(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 highway crossing Clark crossing

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

23. Signature Dr. P. H. Hallingmaier M. D. Address Clinton, Missouri Date April 19, 1943

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

MOTHER FATHER

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

RECEIVED

District Health Officer No. 7,

District File Number 5-43541

Date Filed 6-14-43

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. W. Hinton*
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.