

FILED JAN 12 1945

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 2234

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) 7

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days) 40 yrs.

3. (a) PRINT FULL NAME Charles Brockway

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 Widowed

6. (b) Name of husband or wife Robbie Quinn Brockway 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased: Jan 15 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace: Joliet Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name David Brockway

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Jane Moore

15. Birthplace Mo. 4. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Brockway

(b) Address Windsor, Mo.

17. (a) Burial (b) Date thereof: 10 20 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Calhoun, Mo.

18. (a) Signature of funeral director J. R. Halsey

(b) Address Calhoun Mo.

19. (a) December 12 1944 Georgia Kitchner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry

(c) City or town Windsor
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day 10 of Oct
year 1944 hour 10 minute 17 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him _____ and that death occurred on _____ and an hour stated above.

Immediate cause of death _____

Walked in front of train and was killed instantly

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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

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

(b) Date of occurrence 10/19/44

(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?
M.K.T. Railroad Crossing on the way S 2
(Specify type of place)

While at work? No (e) Means of injury Train

23. Signature P. S. Hallgren (M.D. or D.V.M.)

Address Clinton Mo. Date signed 10/19/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

42
0
0

RECEIVED

District Health Officer No. 76

District File No.

12-44-1480

Date

Jan 11, 45

16

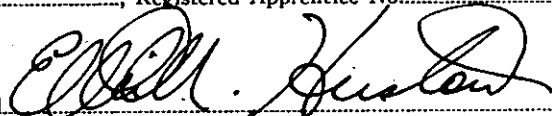
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 3391

P. O. Address Windsor, Ma.

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.