

1939 NOV 1 ± 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36344
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 411
 (b) Township _____ Primary Registration District No. _____ Registered No. _____
 (c) City Joplin (d) Street No. General Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S. (if of foreign birth) yrs. mos. ds.
 2. SPENT FULL NAME Mary Jane Harrington
 (a) Residence, No. 2323 Sergeant St. 50 yrs in Joplin
 (Usual place of abode (if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clonzo Harrington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 - 1866

7. AGE YEARS 73-78 MONTHS _____ DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Mahan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Arcard Harrington
Governor

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin DATE 10-21-39

19. FUNERAL DIRECTOR (ADDRESS) Smith's Store Co
Joplin Mo

20. FILED 10-21-39 19 39 Ed W James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1939

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1938 to Oct 19, 1939
 I first saw him alive on Oct 19, 1939. Death is said to have occurred on the date stated above, at 5:30 PM.

The principal cause of death and related causes of importance were as follows:
Chronic Nephritis

Other contributory causes of importance:
U.C.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) N. R. Kess 3rd Reg
 37 1/2 (Address) 530 1/2 Main Joplin

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed

Sam E. Sencer

Licensed Embalmer No.....

4079

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.)