

No. 2
11-10-39
1-17-39
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FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30966
Registrar's No. 3529

Registration District No. 399 Primary Registration District No. 1002

I. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3222 E. 28th.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 50 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3222 E. 28th.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mira A. Harrington

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

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Dr. James S. Harrington 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased July 6th, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 2 0 hr. _____ min.

9. Birthplace Henderson Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name James Henderson

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

14. Maiden name Mirah Painter

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

16. (a) Informant Miss Carrie L. Harrington

(b) Address 3222 E. 28th. K.C. Mo.

17. (a) Burial (b) Date thereof Sept. 9-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood Blvd.

19. (a) Sept. 9, 1940 (b) M. M. Groves
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 7 day _____
year 1940 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Dec 21 1934
_____ 19____ to Sept 7 1940
that I last saw her alive on Sept 6 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis Duration 5 yrs.

Due to Secondary Anaemia + 3 months
Marasmus

Due to _____

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
— 97
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 John L. Lapp (M. D. or other) MD
Address 1314 Professional Bldg Date signed 9/7/40

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

MOTHER FATHER

Frank Rogers

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Pinewood

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, above space should be left blank.