

FILED FEB 14 1941

State File No. _____

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Jaycox
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
726 Walnut St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Thirty Years
years, months or days)

8. (a) PRINT FULL NAME Mary Jane Harrington

3. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert C Harrington 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Sept 20 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>29</u>	<u>—</u> hr. <u>—</u> min.

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

10. Usual occupation At Home

11. Industry or business None

12. Name Matthew Young Pratt

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Robert C Harrington

(b) Address 726 Walnut St

17. (a) Burial (b) Date thereof Jan 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pink Cemetery

18. (a) Signature of funeral director Hubell Mortuary
(b) Address Carthage Mo

19. (a) Jan 21 1941 (b) E. J. Mc Intire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jaycox 49
(c) City or town Carthage 3
(If outside city or town limits, write "RURAL")
(d) Street No. 726 Walnut St. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19
year 1941 hour 3 minute 01 P.M.

21. I hereby certify that I attended the deceased from Jan. 14 1941, to Jan. 19 1941;
that I last saw her alive on Jan 19 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia 3 days

Due to Influenza 5 days

Due to 2/20

Other conditions (Includes pregnancy within 3 months of death) Arthritis Deformans

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature R. A. Webster (M. D. or other) _____

*Address Carthage Mo Date signed Jan 21 41

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

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 Emmal Kneel

Licensed Embalmer No. 391

P. O. Address Warehage

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.