S. No. 2
—11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1941

Registration District No. 533

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3335

Primary Registration District No. 3027

Registrar's No. 2

1
3
2

1. PLACE OF DEATH:

(a) County MACON

(b) City or town MACON (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: SAMARITAN HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 34 hrs. (Specify whether

In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 61

(a) State MISSOURI (b) County MACON 0

(c) City or town BEVIER 0 (If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME SAMUEL A. HARRINGTON

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 MARRIED

6. (b) Name of husband or wife ALICE HARRINGTON

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased JULY (Month) 21 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
65	6	1	— hr. — min.

9. Birthplace SULLIVAN COUNTY (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation MINER

11. Industry or business COAL MINING

FATHER
12. Name JOHN HARRINGTON 0
13. Birthplace (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name MARTHA [illegible] 0
15. Birthplace — (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS. SAMUEL HARRINGTON

(b) Address BEVIER, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-24-41 (Month) (Day) (Year)

(c) Place: burial or cremation WESTOAKWOOD CEMETARY

18. (a) Signature of funeral director [illegible] 47

(b) Address Bevier, Mo.

19. (a) 1/27/41 (Date received local registrar) (b) Leota Newton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22nd year 1941 hour 8 minute p. M.

21. I hereby certify that I attended the deceased from Jan 21st 1941, to Jan 22, 1941; that I last saw him alive on Jan 22, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of dorso-lumbar region of spine with severance of spinal cord

Due to coal mine accident Fall of rock

Due to

Other conditions Fracture of right tibia and fibula (Include pregnancy within 3 months of death)

Major findings:
Of operations 174-6
Of autopsy 4

Duration 34 hrs

PHYSICIAN

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) accident

(b) Date of occurrence Jan. 21, 1941

(c) Where did injury occur? Bevier, Macon, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In coal mine 0 (Specify type of place)

While at work? Yes (e) Means of injury fall of rock

23. Signature R. P. Gronowley (M. D. or other) 0

Address Macon Mo Date signed 1-27-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-41-319
Date Filed FEB 14 1941

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 D. E. Edwards, Registered Apprentice No. _____, working under my personal supervision.

Signed D. E. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier 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, above space should be left blank.