

Registration District No. 73

Primary Registration District No. 3034

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wabash Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME John Harrington

3. (b) If veteran name war _____ 3. (c) Social Security No. 102-05-9339

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

6. (b) Name of husband or wife Ila Harrington 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Dec 22 - 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Macon Pa Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Section hand on RR

MOTHER FATHER

11. Industry or business _____

12. Name James Harrington

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

14. Maiden name Ann Rice

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

16. (a) Informant Mrs Ila Harrington

(b) Address Macon Mo

17. (a) removal (b) Date thereof Aug 4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Palm Cemetery

18. (a) Signature of funeral director Albert Skinner

(b) Address Macon Mo

19. (a) Aug 22-41 (b) Seale D. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County macon
(c) City or town macon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1941 hour 3:30 P minute P M.

21. I hereby certify that I attended the deceased from July 28
1941, to Aug 4 1941;
that I last saw him alive on Aug 4 1941;
and that death occurred on the date and hour stated above:

Immediate cause of death: Hypostatic Pneumonia 2 da.

Due to: Carcinoma of Liver About 2 mo.

Other conditions: ascites
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

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) _____
(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 P. S. Kwiatkowski (M. D. or other) _____
Address Moberly, Mo Date signed 8/13/41

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

AUG 27 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.....
Sus W Dietrich....., Registered Apprentice No. ~~757~~ *29*
working under my personal supervision.

Signed *Albert Skinner*

Licensed Embalmer No. *751*

P. O. Address *Maen Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.