No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1942

Registration District No. 2084

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6361

Primary Registration District No. 5284

Registrar's No. 8

1. PLACE OF DEATH:
(a) County: Clinton
(b) City or town: Rural - Lathrop Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clinton
(c) City or town: Rural - Lathrop Township
(If outside city or town limits, write "RURAL")
(d) Street No.: 1 mile Southeast of Lathrop
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Emma Estelle Harrington
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: John C. Harrington
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: March (Month) 5 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
53	11	10	hr. min.

9. Birthplace: Chicago, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: George L. Down
13. Birthplace: Stratford, Canada
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Susan Ahrett
15. Birthplace: Chicago Illinois
(City, town, or county) (State or foreign country)
16. (a) Informant: John C. Harrington
(b) Address: Lathrop, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: February 17, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Lathrop, Missouri
18. (a) Signature of funeral director: DeMoss Crunk
(b) Address: Lathrop, Mo.
19. (a) 2/17/42. (Date received by local registrar) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th year 1942 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from Aug. 13th 1941 to Feb. 15th 1942 that I last saw her alive on Feb 14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Failure — Duration: 3
Due to: Chronic Myocarditis and myocardial Degeneration (Rheumatic)
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 95%
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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: Henry [illegible] (M. D. or other) DO.
Address: Lathrop Mo. Date signed 2/16/42

1096 (Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 25 23 3

P. O. Address Lathrop, 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, fact should be so stated above.