

FILED APR 22 1942

Registration District No.

Primary Registration District No. 201

Registrar's No. 26

1. PLACE OF DEATH:

(a) County. Andrew,
(b) City or town. Amazonia, ~~Ill.~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Amazonia, Missouri, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community. 35 years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri, (b) County. Andrew 002
(c) City or town. Amazonia, (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME John Marion Harrington,

3. (b) If veteran, name war. None, 3. (c) Social Security No. 488-14-5736

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

6. (b) Name of husband or wife. Annie Harrington, 6. (c) Age of husband or wife if alive. 66 years

7. Birth date of deceased. March 15th, 1870 (Month) (Day) (Year)

8. AGE: Years 72, Months 0, Days 17, If less than one day hr. min.

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

10. Usual occupation. Traveling Evangelist, Church of God,

11. Industry or business. Neal Harrington,

12. Name. Neal Harrington, 13. Birthplace. Atchison County, Missouri, (City, town, or county) (State or foreign country)

14. Maiden name. Nancy Hughes, 15. Birthplace. Unknown, (City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. John M. Harrington, (b) Address. Amazonia, Missouri,

17. (a) Burial, (b) Date thereof. 4-3-42 (Month) (Day) (Year)
Reformed Cemetery, Amazonia, Mo.
(c) Place: burial or cremation.

18. (a) Signature of funeral director. Frank A. Brown, (b) Address. Savannah, Mo.

19. (a) 4-3-42 (Date received local registrar) (b) F. H. Fintelman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. April, day. 2nd, year. 1942, hour. 5:00, minute. 30, a.m.

21. I hereby certify that I attended the deceased from March 28, 1942 to April 2, 1942 that I last saw him alive on March 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. arterio sclerosis, Duration: unknown

Due to. arterio sclerosis, unknown

Due to.

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

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?

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

23. Signature. P. P. Kelley, (M. D. or other) Address. Savannah, Mo. Date signed. 4-3-42

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

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APR 22 1942

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 4-2-42

....., Registered Apprentice No.
working under my personal supervision.

Signed Wm E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10th Joseph 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.