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5-17-39  
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15004

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 20 1942

Registration District No. 572

Primary Registration District No. 4350

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Montgomery City Mo

(b) City or town Montgomery City  
(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 \_\_\_\_\_)  
In this community 30 yrs (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Montgomery  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

3. (a) PRINT FULL NAME Benjamin Franklin Harrington

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Julia Harrington 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 1/26/1874  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 13  
year 1942 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-8-42  
1942 to 4-17, 1942  
that I last saw him alive on 4-12, 1942  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>2</u>	<u>17</u>	hr. _____ min.

Immediate cause of death acute myocarditis

Due to Arteriosclerotic Heart Disease 4-8-42

Due to \_\_\_\_\_

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

10. Usual occupation Senior Teacher "shool

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jerry Harrington

18. Birthplace no  
(City, town, or county) (State or foreign country)

14. Maiden name no

15. Birthplace no  
(City, town, or county) (State or foreign country)

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 James O. Helm (M. D. or other) 0  
Address New Florence Mo Date signed 4-16-42

16. (a) Informant Julia Harrington

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 4/16/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 4-16-1942 (b) Mrs. C. E. Vandave  
(Date received local registrar) (Registrar's signature)

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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 \_\_\_\_\_ me on the  
13 th day of April 1942 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.