

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 27 1942

Registration District No.

Primary Registration District No. 4235

Registrar's No. 82

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Lees Summit
(c) Name of hospital or institution: 103 So. Main Residence 1
(d) Length of stay: In hospital or institution 20
In this community 29 yrs -

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Lees Summit 6
(d) Street No. 103 So. Main St. 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mahala J. Harringtons
3. (b) If veteran, name war - 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 21
year 1942 hour 2 minute 10 A.M.
21. I hereby certify that I attended the deceased from 7-17 1942 to 7-21 1942
that I last saw her alive on 7-20 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of hair White 6. (a) Single, widowed, married 2 divorced Widowed
6. (b) Name of husband or wife Clay Harrington 6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased April - 1862 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage 3 da
Due to
Due to 83a
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy none
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years 80 Months 3 Days 3 If less than one day hr. min.
9. Birthplace Dexterville Ky 1 (City, town, or county) (State or foreign country)
10. Usual occupation house wife

MOTHER FATHER
11. Industry or business
12. Name Edward Clark
13. Birthplace unknown Ky 1 (City, town or county) (State or foreign country)
14. Maiden name Camilla P. Richey
15. Birthplace unknown Ky 1 (City, town or county) (State or foreign country)

16. (a) Informant Mrs. Fred Stupish
(b) Address Lees Summit
17. (a) Removal (b) Date thereof 7-23-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Franklin County Ky
18. (a) Signature of funeral director Fields Funeral Home
(b) Address Lees Summit Mo
19. (a) July 22 1942 (b) J. M. Seaside (Registrar's signature)
(Date received local registrar)

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) (c) Means of injury
23. Signature J. M. Seaside (M. D. or other)
Address Lees Summit Ky Date signed 7/21/42

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.....

P. C. Fields

Licensed Embalmer No. *2957*

P. O. Address *Lee's Summit 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.