

FILED NOV 11 1942

State File No.

Registration District No. 176

Primary Registration District No. 3026

Registrar's No. 286

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

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
RESIDENCE ; 209 FENDLETON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
55 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME ROY J. HARRINGTON

3. (b) If veteran, name war NO
3. (c) Social Security No. 496-05-5354

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife PEARL HARRINGTON
6. (c) Age of husband or wife if alive 15 years

7. Birth date of deceased 4 (Month) 15 (Day) 1882 (Year)

8. AGE: Years 60 Months 6 Days 14
If less than one day hr. min.

9. Birthplace KANSAS CITY KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED ; MACHINIST

11. Industry or business STANDARD OIL CO.

12. Name GEORGE E. HARRINGTON

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

14. Maiden name MARY ELLEN PARKER

15. Birthplace NO RECORD CANADA
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy J. Harrington
(b) Address 209 FENDLETON INDRP. Mo.

17. (a) BURIAL (b) Date thereof 11-1-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MOUND GROVE

18. (a) Signature of funeral director Henry W. Stahl
(b) Address 815 W. MAPLE AVE. INDEPE, Mo.

19. (a) 10-31-42 (b) J. M. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL")
(d) Street No. 209 FENDLETON
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29
year 1942 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan. 1937
1937 to Oct 29 1942
that I last saw him alive on Sept 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Rx ventricular
underbranch block. 3rd degree
decompensation.

Due to.....

Due to.....

Other conditions 95C
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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 Chas. [Signature]
Address Independence, Mo Date signed 10/31/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

