

FILED FEB 3 1944
District No. 1249

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community Approx. 44 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3218 St. John
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN P. HARRINGTON

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Georgia
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased August 17, 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 27
If less than one day hr. _____ min. _____

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

10. Usual occupation Detective

11. Industry or business K.C. Police Dept.

MOTHER FATHER }
12. Name Dennis Harrington
13. Birthplace No Record
(City, town, or county) (State or foreign country)
14. Maiden name Kathleen McVeigh
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Georgia Harrington
(b) Address 3218 St. John

17. (a) Burial (b) Date thereof 1/17/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Burk and Dolin Co
(b) Address 20 West Linwood

19. (a) Jan 14, 1944 (b) J. B. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th
year 1944 hour 4: minute 00A
21. I hereby certify that I attended the deceased from Jan 3 1944
to Jan 13 1944
that I last saw him alive on Jan 12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Confluent Broncho Pneumonia
about 19 days

Due to Possible Virus Infection

Due to Arterial Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107
Of autopsy Same as above

Duration
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? _____

While at work? _____ (Specify type of work)
Means of injury (?)
23. Signature Carey (M.D. or other) MO
Address 9202 94th St Date dictated Jan 14, 1944

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.....

Licensed Embalmer No.....

P. O. Address.....

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.