V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36742

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4717

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: 5727 Paseo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 69 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5727 Paseo 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MRS. FRANCES E. HARRINGTON

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife George Harrington

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December 11, 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Bescher
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Drexler
15. Birthplace Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant George Harrington

(b) Address 5727 Paseo

17. (a) Burial (b) Date thereof 11-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Missouri

19. (a) 11-23-44 (b) T. E. Brown (03)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd
year 1944 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 1942, 19..., to Nov. 22, 1944;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis — Duration 2 yrs

Due to Coronary Sclerosis — 2 yrs

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

93d

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 J. V. Dell (M. D. or other)

Address 432 Professional Bldg. Date signed Nov. 23/44

(Licensed Embalmer's Statement on Reverse Side)

J. V. Bell M. D. Wi[redacted] [redacted] sign it.
Prof Bg. Vi 4238
1745 W. 50 — Va 4397

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 A. R. Haunscheld

Licensed Embalmer No. 4159

P. O. Address Kansas 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, fact should be so stated above.