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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26441

State File No.

FILED SEP 1 1945

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 3465

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:
4215 East 67th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----
(Specify whether years, months or days)

In this community 23 years

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. 4215 East 67th Street 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Warren W. Harrington

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown 487-07-9505

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Marie Harrington

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased December (Month) 25 (Day) 1878 (Year)

8. AGE: Years 66 Months 7 Days 21 If less than one day hr. min.

9. Birthplace Woods Corner (City, town, or county) Michigan (State or foreign country)

10. Usual occupation Sales Manager

11. Industry or business Bareco Oil Company

FATHER
12. Name Unknown Unknown
13. Birthplace (City, town, or county) Michigan (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Michigan (State or foreign country)

16. (a) Informant Mrs. Anna Marie Harrington

(b) Address 4215 East 67th Street

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof Aug. 18, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Abbey

18. (a) Signature of funeral director D. H. Newcomers Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 8-18-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1945 hour 11 minute 05 P.M.

21. I hereby certify that I attended the deceased from August 3, 1945, to Aug. 16, 1945, that I last saw him alive on Aug. 3, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Sudden death due to Coronary occlusion

Due to Arteriosclerosis coronary artery disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94a

Of autopsy

Duration

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 Max Goldman (M. D. or other)

Address 1618 Prof Bldg. Date signed Aug. 17-45

(Licensed Embalmer's Statement on Reverse Side)

Hotel Bellevue
214 E Armour

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.