No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27157

State File No.

FILED SEP 18 1946

Registration District No. Primary Registration District No. 1002 Registrar's No. 3737

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: ST. MARY'S HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: SWEEKS (Specify whether years, months or days) In this community: 40 YEARS

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.: 3828 PARK AVENUE (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: - - - - - -

3. (a) PRINT FULL NAME: MR. EDWARD JAMES HARRINGTON
3. (b) If veteran, name war: WORLD WAR I
3. (c) Social Security No.: 702-18-0263
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MRS. MARIE HARRINGTON
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: DECEMBER 20 1890 (Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 11 If less than one day ____ hr. ____ min.

9. Birthplace: TRENTON (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: EMPLOYEE-CLAIMS DIVISION
11. Industry or business: MISSOURI PACIFIC R.R.
FATHER
12. Name: JAMES J. HARRINGTON
13. Birthplace: BOSTON (City, town, or county) MASSACHUSETTS (State or foreign country)
MOTHER
14. Maiden name: MARY PRATT
15. Birthplace: HANNIBAL (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant: MRS. MARIE HARRINGTON
(b) Address: 3828 PARK AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: SEPT. 3 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: CALVARY CEMETERY
18. (a) Signature of funeral director: O. H. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 8-31-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 31 year 1946 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 22, 1946 to August 31, 1946; that I last saw him alive on August 30, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of cervical glands (primary) (Left side of neck)	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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: E. Castle (M. D. or other)
Address: 102 Argyle Bldg. Date signed 8-31-46

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 25 1946 SEP 30 1946

OCT 18 1946

SEP 19 1946

APR 4 1947

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. APR 4 1947

working under my personal supervision.

Signed Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.