

No. 2
-1/47
7.39

State File No.

FILED MAR 29 1948
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 354

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1105 No. 13th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 49 days
(Specify whether years, months or days)

In this community 49 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2

(c) City or town Amazonia 0
(If outside city or town limits, write "RURAL")

(d) Street No. Amazonia, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Annie Florence Harrington

3. (b) If veteran No

3. (c) Social Security No. None

name war

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John N. Harrington

6. (c) Age of husband or wife if alive 22 years 1876

7. Birth date of deceased February 22 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
1	72	0	28hr.min.

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

10. Usual occupation At home

11. Industry or business At home

12. Name Frank Fee

13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Kersey

15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ledia Fulmer
(b) Address St. Joseph, Missouri

17. (a) Burial, cremation, or removal Burial
(b) Date thereof 3/23/48
(Month) (Day) (Year)
(c) Place: burial or cremation Amazonia, Mo.

18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Missouri

19. (a) 3-24-48 (b) H. L. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1948 hour 3: minute 20 - P.M.

21. I hereby certify that I attended the deceased from March 16
1948, to March 20, 1948,
that I last saw her alive on March 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary embolism
Due to Hypertension
Due to arteriosclerosis
Other conditions

Duration

3 days

unobscured

Major findings:
Of operations 94A
Of autopsies

PHYSICIAN

Underline the cause of 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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: Creston Smith
Address: 218 No. 7th Street St. Joseph, Mo. Date signed 3/20/48

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

MOTHER FATHER

APR 14 1949

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.....

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address. *319 So 10th St. Joseph, 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.