No. 2
-12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9673

Registration District No. 274 — Primary Registration District No. 3052 — Registrar's No. 73

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5½ hours (Specify whether
In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Beaman (Rural) (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William J. HARRINGTON

3. (b) If veteran, name war none

3. (c) Social Security No. 702-16-3152

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie Ann

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

7. Birth date of deceased June (Month) 11 (Day) 1885 (Year)

8. AGE: Years 62 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Greenville (City, town, or county) N. Carolina (State or foreign country)

10. Usual occupation Boilermaker

11. Industry or business

FATHER
12. Name William Harrington
13. Birthplace (City, town, or county) N. Carolina (State or foreign country)

MOTHER
14. Maiden name Della Daniels
15. Birthplace (City, town, or county) N. Carolina (State or foreign country)

16. (a) Informant Mrs. Wm Harrington
(b) Address Beaman R.F.D. #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Salem cemetery

18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo.

19. (a) 3-13-48 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1948 hour 4:40 minute P M.

21. I hereby certify that I ~~attended~~ viewed the deceased from as coroner 3/11/ 1948, to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 hrs.
Due to Fracture of skull	6 hrs.
Due to Being struck on head by plug from Engine	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

195

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) accident 132
(b) Date of occurrence 3/11/48
(c) Where did injury occur? Sedalia (City or town) Pettis (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Mo. Pac. R.R. Shops (Specify type of place)
While at work? yes (e) Means of injury Explosion

23. Signature Dr. K. L. Holden (M.D. or other) M.D.
Address 315 Elg. Bldg. Sedalia, Mo. Date signed 3/12/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 3-19-48

SEP 13 1948

APR 6 1948

FEB 25 1948

MAR 23 1948

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 R. P. McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.