

National Office of Vital Statistics
FILED OCT 21 1948 146

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 303

1. PLACE OF DEATH:

(a) County..... Jackson

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

(c) Name of hospital or institution:
Residence, 1116 W. Short /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 43 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Frederick Wm. Harrington3. (b) If veteran,
name war..... none3. (c) Social Security No.
187-12-8706

4. Sex..... male 5. Color or race..... white

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

6. (b) Name of husband or wife..... Alice V. Harrington

6. (c) Age of husband or wife if
alive..... 77 years

7. Birth date of deceased..... Nov. 3, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 11 4 hr. min.9. Birthplace..... London Ontario Canada
(City, town, or county) (State or foreign country)10. Usual occupation..... Toolmaker11. Industry or business..... unknown12. Name..... Edgar Harrington13. Birthplace..... unknown, England
(City, town, or county) (State or foreign country)14. Maiden name..... Harriett Randall15. Birthplace..... unknown, England
(City, town, or county) (State or foreign country)16. (a) Informant..... Mrs. Alice V. Harrington(b) Address..... 1116 W. Short, Independence, Mo.17. (a) burial (b) Date thereof..... 10/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... Floral Hills Cem.18. (a) Signature of funeral director..... Geo. C. Carson(b) Address..... Independence, Mo.19. (a) 10-9-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Jackson

(c) City or town..... Independence
(If outside city or town limits, write "RURAL")

(d) Street No..... 1116 W. Short
(If rural, give location)

(e) Citizen of foreign country?..... NO (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Oct. day..... 7
year..... 1948 hour..... 6:00 minute..... P M.21. I hereby certify that I attended the deceased from..... Sept 1, 48
..... 48 Oct 7, 48 1948
that I last saw him alive on..... 48 Oct 7, 48 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Acute myocardial
decompensation
Due to Acute coronary
occlusion

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

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?.....
(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?.....
(Specify type of work)23. Signature..... M. S. Wilkerson M.D. or other.....Address..... Independence, Mo Date signed..... 10/8/48

MAY 10 1956

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. A. Lisle

Licensed Embalmer No. _____

4123

P. O. Address _____

Independence, 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.