

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 140	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prairie Twp		c. LENGTH OF STAY (In this place) 44-11M-16D		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3708	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Home				d. STREET ADDRESS (If rural, give location) 4141 MERCIER			
3. NAME OF DECEASED (Type or Print) a. (First) BRIDGET			b. (Middle) HARRINGTON		c. (Last) HARRINGTON		
4. DATE OF DEATH (Month) (Day) (Year) 7-23-50		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	
8. DATE OF BIRTH 7-4-25-66		9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INVALIDATED		11. BIRTHPLACE (State or foreign country) IRELAND	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WM. DEE		13b. MOTHER'S MAIDEN NAME MARY MA HONEY		14. NAME OF HUSBAND OR WIFE DENNIS HARRINGTON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Jackson Co. Home, Rt. #4 - Ind. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Irregularly accident (stroke)</u>				INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 8, 1950</u> , to <u>July 23, 1950</u> , that I last saw the deceased alive on <u>July 22, 1950</u> , and that death occurred at <u>4:05 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Harrison</u>				23b. ADDRESS <u>1000 Grand Blvd 2nd Floor Kansas City, Mo.</u>		23c. DATE SIGNED 7/24/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-25-50		24c. NAME OF CEMETERY OR CREMATORY St. Mary's		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 7-24-50		REGISTRAR'S SIGNATURE <u>Lawrence C. Eamshaw</u>		378		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melroy McGilley-Eylar</u>	
						ADDRESS K.C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 2 RECD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Elmer E. Heck

Signed.....
Student Embalmer

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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..