

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Shambers
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days 6 2 6

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Harrisonville
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1940 hour 8 minute 9 A.M.

21. I hereby certify that I attended the deceased from 9 11 1940 to May 6 1940
that I last saw him alive on May 20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerosis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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? 845
While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature J. P. Murray (M. D. or other) _____
Address Pleasant Hill, Mo. Date signed 5/11/40

3. (a) PRINT FULL NAME John H. Urquhart
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
7. (b) Name of husband or wife E. E. Urquhart 8. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased June 22 - 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Shady Grove, Henry Co., Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm. Urquhart
13. Birthplace Unknown (State or foreign country) 9
14. Maiden name Betty Asher
15. Birthplace Unknown (State or foreign country) 9

16. (a) Informant Mrs. E. E. Urquhart
(b) Address Harrisonville, Mo.
17. (a) Burial (b) Date thereof 5-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director A. H. Noyes
(b) Address Pleasant Hill, Mo.
19. (a) 5/18/40 (b) J. P. Murray
(Date received local registrar) (Registrar's signature)

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

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.....

D. D. Nofsinger....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

D. D. Nofsinger
Licensed Embalmer No. *3938*

P. O. Address *Pleasant Hill, Pa.*

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, above space should be left blank.