S. No. 2
—4-13-40
. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7257

State File No.

FILED MAR 17 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

49
2
5

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 724 Chestnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 724 Chestnut
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Richard E. Urquhart

3. (b) If veteran, name war -----

3. (c) Social Security No. -----

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hattie

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

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

8. AGE: Years	Months	Days	If less than one day
70	3	9	hr. min.

9. Birthplace Savannah, Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Treasurer--Manager

11. Industry or business State Bitumen Co.

FATHER
12. Name John Urquhart
13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hattie Urquhart
(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 2-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Missouri

19. (a) 2-14-41 (b) Ed D James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th
year 1941 hour 12:05 minute AM M.

21. I hereby certify that I attended the deceased from Aug 29, 1934 to Feb 11, 1941
that I last saw him alive on Feb 11, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Chronic Valvular Heart 16 yrs

Due to Chronic Nephritis 7 yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

131 B

Duration

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)
(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? (e) Means of injury

372

23. Signature [signature] (M. D. or other) D
Address 708 Pres Bldg Joplin Mo Date signed 2-13-41

(Licensed Embalmer's Statement on Reverse Side)

41-3-253

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 Don Titrick

Licensed Embalmer No. 4908

P. O. Address Joplin, 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.