

AUG 19 1941

Registration District No. 404

Primary Registration District No. 5558

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson Waukegan Twp
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Armour Memorial Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 years
In this community 30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Bishop Markham

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive X years 31 (Day) 1860 (Year)

8. AGE: Years 80 Months 10 Days _____ If less than one day hr. _____ min.

9. Birthplace Jersey City New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation Elevator Operator Retired

11. Industry or business X

12. Name Edward Willoby Markham

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Armour Home
(b) Address 81st and Wornall Road, K.C., Mo.

17. (a) Burial (b) Date thereof 6-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W.C.A. lot Forest Hill

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) 7-26-41 (b) R.V. Lindsey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Armour Memorial Home
(If rural, give location)
(e) If foreign born, how long in U. S. A. X years 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1941 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Dec 1 - 1936 to June 27 - 1941;
that I last saw him alive on June 21 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to MI

Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death)

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? _____

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

28. Signature Ch. C. Quast (M. D. or other) _____

Address 636 Wrayer Bed Date signed 6-28-41

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

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically

Copy to Steady
103
Trichobryon
Horn

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 _____

Licensed Embalmer No. 1415

P. O. Address 14, P. 270

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.