No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34452

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 417

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community ~~Life~~
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne

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

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

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William AAron Markham

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Sarah

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

7. Birth date of deceased June (Month) 15 (Day) 1868 (Year)

8. AGE: Years 73 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Wayne Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name W.J. Markham
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah McClure
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah Watson
(b) Address Kiser Arkansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation Chapel Hill

18. (a) Signature of funeral director Greer Croy Service
(b) Address Poplar Bluff, Missouri

19. (a) Nov 5 1941 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30 year 1941 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug 1, 1941, to Oct 30, 1941; that I last saw him alive on Oct 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis & chronic nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations none
Of autopsy none

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) no
(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

23. Signature M Henrichson (M. D. or other)
Address Poplar Bluff Mo Date signed 10-3-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1141-1560
Date Filed 11/13/41

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 Not embalmed

Licensed Embalmer No.....

P. O. Address.....

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.