. No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33677

Primary Registration District No. 1002

Registrar's No. 4600

1. PLACE OF DEATH:

(a) County Kansas City Jackson

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

(c) Name of hospital or institution: 1 Home 141 S. Kensington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 28 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

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

(d) Street No. 141 So. Kensington 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Ruel C. Markham

3. (b) If veteran, name war World War I

3. (c) Social Security No. 499-07-7329

4. Sex Male 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 12 1878
(Month) (Day) (Year)

8. AGE: Years 68 | Months 7 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Weir City (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Maintance

11. Industry or business

FATHER
12. Name Frank Markham
13. Birthplace N.Y. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Clarinda Payne
15. Birthplace Ohio (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs Anna Markham
(b) Address 141 So. Kensington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Plesantview Cem. Weir Kansas

18. (a) Signature of funeral director Wornall Funeral Home
(b) Address 7406 Wornall

19. (a) 11-1-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1946 hour 4 minute 40P M.

21. I hereby certify that I attended the deceased from Sept. 5, 1946 to Oct. 30, 1946
that I last saw him alive on Oct. 29, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Essential Hypertension	2 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 830
Of autopsy

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? 2
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. J. Pocsik (M. D. or other) D.O.
Address 5902 St. John Date signed 11/1/46

(Licensed Embalmer's Statement on Reverse Side)

DEC 17 1946

NOV 14 1946

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. 2810

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.