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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1459

Registration District No. 157 Primary Registration District No. 5572 Registrar's No. 19

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town ~~Lone Jack~~ Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Co. Emergency Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Days (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Lone Jack
(If outside city or town limits, write "RURAL")
(d) Street No. Outer Belt Rd & #50 —
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ebb 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 Married
6. (b) Name of husband or wife Eunice Markham
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased February (Month) 23 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
68 years	11	1	hr. min.

9. Birthplace Carroll Co. Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation OAP
11. Industry or business —
FATHER
12. Name Wm S. Markham
13. Birthplace Va.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Lane
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Ted Markham
(b) Address 5920 Montgall K.C. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Mo
18. (a) Signature of funeral director N B Langsford
(b) Address Lee's Summit Mo.
19. (a) 1-30-48 (Date received local registrar) (b) Donald C. Carus [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1948 hour 6 P. minute M.
21. I hereby certify that I attended the deceased from 12-30-47 19 , to 1-24-48 19 ;
that I last saw him alive on Jan 24 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	2 hrs
Due to Chronic prostatism	yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Old cerebral hemorrhage	
Major findings: Of operations Chronic hypertrophy prostate	
Of autopsy	

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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
23. Signature Frank E. Trehaskin M.D.
Address R# 4 Independence Mo. Date signed 1-28-48

(Licensed Embalmer's Statement on Reverse Side)

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 W. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lees Summit 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.