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M-10-47  
y. 5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16609

FILED MAY 18 1948

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 137

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence, 1116 Appleton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 months  
(Specify whether years, months or days)  
In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Independence 4  
(If outside city or town limits, write "RURAL") 4  
(d) Street No. 1116 Appleton  
(If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME MRS. ANNA MARKHAM

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Ruel C. Markham (deceased) 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased June 28, 1879  
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Mason County, Ills.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Harmon Kammar  
13. Birthplace unknown, Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Hannah Knight  
15. Birthplace Seneca Falls, N. Y. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Ishmael T. Perry

(b) Address 1116 Appleton, Independence, Mo.

17. (a) Burial (b) Date thereof 5-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Mo.

19. (a) 5-9-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8  
year 1948 hour 10:30 minute A M.  
21. I hereby certify that I attended the deceased from December  
3, 1947 to May 8, 48, 19...  
that I last saw her alive on May 8, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Parenchymatous Nephritis 48 Mns.  
Duration H

Due to

Due to Carcinoma of Uterus

Other conditions HGB  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Carcinoma of Uterus  
Multilocular Cyst with 12,000  
Serous fluid in abdomen  
metastasis.

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?

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

23. Signature Liella R. Conner (M.D. or other) D.O.

Address Raytown, Mo. Date signed May 19, 1948

AUG 9 1946

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**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..... *R. A. Lisle* .....

Licensed Embalmer No. *4123* .....

P. O. Address *Independence, 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.**