

No. 2  
4-13-40  
-17-39  
X23159

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4728**

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution: **St. Joseph Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20 Minutes**  
(Specify whether years, months or days)

In this community **54 Yrs.**

3. (a) PRINT FULL NAME **Effie Elizabeth Medicus**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **No.**

4. Sex **Fe.**

5. Color or race **Wh.**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Richard C. Medicus**

6. (c) Age of husband or wife if alive **16** years **1860**

7. Birth date of deceased **June 16 1860**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **5** Days **25**  
If less than one day hr. min.

9. Birthplace **Brewersville Ind.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business

MOTHER FATHER

12. Name **Chas. L. Hazen**

13. Birthplace **Lacompton Co. Pa.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth English**

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

16. (a) Informant **Leslie V. Medicus**

(b) Address **2709 East 30th.**

17. (a) **Burial** (b) Date thereof **Dec. 13-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington**

18. (a) Signature of funeral director **Eylar Funeral Home**

(b) Address **1800 Linwood K.C. Mo.**

19. (a) **12-12-40** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**

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

(d) Street No. **2709 E. 30th.**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **12<sup>th</sup>**  
year **1940** hour **12** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Aug. 1**  
**1938** to **Dec. 17** **1940**  
that I last saw her alive on **Dec. 12** **1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Chronic myocardial Infarction** **2 months**  
**Hydrothorax - Left.** **2 weeks**

Diagnosis **Chronic Myocardial Infarction**  
**Coronary Atherosclerosis**

Due to **Chronic Vascular Nephritis** **2 years**

Other conditions **131**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **131**  
Of operations

Of autopsy **above**

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 \_\_\_\_\_

23. Signature **John F. Caldwell** (M. D. or other) **MD**  
Address **Kansas City, Mo.** Date signed **12-12-40**

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

*Dr. Caldwell*

**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 *Chas Wilks*

Licensed Embalmer No. *2644*

P. O. Address *1900 Linwood*

**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.**