

No. 2  
5-43  
5-17-39  
I X36671

**FILED AUG 19 1946**  
Registration District No. **799**

Primary Registration District No. **1002**

**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:  
**3908 East 9 St. 3**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community **36 Yrs.**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jackson 48**

(c) City or town **Kansas City 3**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2603 East 28 St. 8**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Edgar M. Lewellyn**

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

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

**4. Sex** **Male 0** **5. Color or race** **White**

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

**6. (b) Name of husband or wife** **Helena Lewellyn**

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

**7. Birth date of deceased** **Oct. 7 1869**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>76</b>	<b>109</b>	<b>18 29</b>	hr. _____ min.

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

**10. Usual occupation** **Carpenter**

**11. Industry or business** **Retired**

**12. Name** **Marion Lewellyn**

**13. Birthplace** **Iowa 1**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Rebecca DeWitt**

**15. Birthplace** **Iowa 1**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Floyd H. Lewellyn**  
**(b) Address** **Route #2 Box 222 Kansas City Kas.**

**17. (a) Removal** **(b) Date thereof** **Aug 7 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Hillsdale Kansas**

**18. (a) Signature of funeral director** **Mrs C.L. Forster**

**(b) Address** **918 Brooklyn**

**19. (a) 8-7-46** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Aug.** day **5**  
year **1946** hour **2** minute **45 P.M.**

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Deputy Coroner** **Coronary Atherosclerosis** **Duration** \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ **94a**  
(Include pregnancy within 3 months of death)

**Major findings:**

Of operations \_\_\_\_\_

Of autopsy **History & Inspection**

**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)** \_\_\_\_\_  
**(c) Manner of injury** \_\_\_\_\_

**23. Signature** **A.E. Upsher** **(M. D. or other)** **MP**  
**2800 1 Main** **Date** **8/6/46**

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

25000

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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

*B. H. Wise*

Licensed Embalmer No.

*2570*

P. O. Address

*110 2660*

**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.**