

FILED JAN 23 1948/49
Registration District No.

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... ST. LUCES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 1-3-48
(Specify whether)
In this community... 2 WEEKS
years, months or days)

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") 8
(d) Street No... 600 W 57TH ST 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME... EFFIE MARY LEWIS

3. (b) If veteran, No name war... 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... HIRSH A. LEWIS 6. (c) Age of husband or wife if alive... --- years
7. Birth date of deceased... OCTOBER 29 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	2	27	hr. min.

9. Birthplace... COLUMBUS KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation... HOUSEWIFE

11. Industry or business... AT HOME

12. Name... GILBERT FORTÉ

13. Birthplace... UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name... ANANDA ASHBY

15. Birthplace... UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant... Add Lewis

(b) Address... 600 W 57TH ST

17. (a) BURIAL (Burial, cremation, or disposal) (b) Date thereof... 1-5-48
(Month) (Day) (Year)

(c) Place: burial or cremation... Forest Hill

18. (a) Signature of funeral director... Add Lewis

(b) Address... 1401 BRUSH CREEK BYD. KC MO

19. (a) 1-4-48 (Date received local registrar) (b) Signature of Registrar... Geraldine Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... JAN. day... 3rd
year... 1948 hour... 6:45 minute... P M.

21. I hereby certify that I attended the deceased from... Dec 23
1947, to... Jan 3 1948;
that I last saw her alive on... 1-3-48
and that death occurred on the date and hour stated above.

Immediate cause of death... Cerebral embolism
Duration... 42 hrs

Due to... Atrial Fibrillation
Unknown

Due to... Myocardial damage from Coronary Sclerosis
Unknown

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

Major findings: Of operations... 93 D

Of autopsy...

PHYSICIAN

Underline the cause of 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... D

23. Signature... Effie M. Lewis (M. D. or other)

Address... Plaza Med Bldg Date signed... 1-4-48

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

MOTHER FATHER

Dr. E. H. Wilhelmi
St. Louis, Mo.

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. D. Nofsinger
Licensed Embalmer No. 3958
P. O. Address Kansas City, 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.