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BUREAU OF THE CENSUS
JAN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3624

State File No.

Registration District No. 619

Primary Registration District No. 5-8-71 4370

Registrar's No. 2

1. PLACE OF DEATH: Nodaway

(a) County: Nodaway

(b) City or town: Clearmont

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 65 yrs. (Specify whether years, months or days)

In this community: 65 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Nodaway

(c) City or town: Clearmont

(If outside city or town limits, write "RURAL")

(d) Street No.:

(If rural, give location)

(e) If foreign born, how long in U. S. A.?: 0 years.

74
0
0

3. (a) PRINT FULL NAME: Margaret Ann Kellog

3. (b) If veteran, name war:

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. 10 day: 10 year: 1941 hour: 12 minute: 30 A. M.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: James Kellog

6. (c) Age of husband or wife if alive: 4 years 1857

7. Birth date of deceased: May 4 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 6 to Jan 10, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Influenza

Duration: 6 days

8. AGE: Years: 83 Months: 8 Days: 6

If less than one day: hr. min.

Due to: lowered vitality

9. Birthplace: Iowa (City, town, or county) (State or foreign country)

10. Usual occupation: housewife

Due to: carcinoma of face just below temple

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

11. Industry or business: Geo. Washington Elam

12. Name: Geo. Washington Elam

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

14. Maiden name: Eliza Jane Burks

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

Major findings: Of operations: 53

Of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

16. (a) Informant: Will Moore

(b) Address: Clearmont, Mo.

17. (a) burial (b) Date thereof: Jan 12, 41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Clearmont, Mo.

18. (a) Signature of funeral director: Price Funeral Home

(b) Address: Maryville, Mo.

19. (a) 12 41 (Date received local registrar)

(b) W. B. Humphrey (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence: 5-50

(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: W. B. Humphrey (M. D. or other) 0

Address: Maryville Mo Date signed: 1/12 1941

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

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 Clem M. Puric
Licensed Embalmer No. 822
P. O. Address Mayville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.