

No. 2
-1-4-41
5-17-39
I X28330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35640**

FILLED NOV 19 1941

Registration District No. **625-**

Primary Registration District No. **3031**

Registrar's No. **130**

1. PLACE OF DEATH:

(a) County **Nodaway**

(b) City or town **Maryville, Mo.**

(c) Name of hospital or institution: **St. Francis Hospital**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: **In hospital or institution 1 day.**
(Specify whether In this community **38 yrs.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Nodaway**

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

(d) Street No. **4 1/2 miles North East.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **LAURA ANNA KELLOGG.**

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

3. (c) Social Security No. **none.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **14**
year **1941** hour **6** minute **10 a.m.**

21. I hereby certify that I attended the deceased from **10-13**
1941 to **10-14** 19**41**;
that I last saw him **w** alive on **10-13** 19**41**;
and that death occurred on the date and hour stated above.

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married.**

6. (b) Name of husband or wife **Harry Otto Kellogg.** 6. (c) Age of husband or wife if alive **4.** years **1885.** years

7. Birth date of deceased: **mo.** **4.** **1885.**
(Month) (Day) (Year)

Immediate cause of death **Arteriosclerosis** Duration **24 hrs.**

Due to **Arteriosclerosis of blackened arteries, left** **3** **30 hrs.**

Due to **pathogenesis of right kidney** **15 yrs.**

Other conditions **surgeonally removed**

8. AGE: Years **56** Months **7** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **Clearmont Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

Major findings: **swollen red non-fine branching kidney**

Of operations _____

Of autopsy **13212**

PHYSICIAN **J. H. ...**
Undertaker **J. H. ...**
Cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name **Perry A. Farrens.**

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

14. Maiden name **Elizabeth McDonald.**

15. Birthplace **Philadelphia Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **H. G. Kellogg.**

(b) Address **Clearmont Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 16, 1941**
(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) **Oct 16-41** (b) **Mamie E. Clardy**
(Date received local registrar) (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 _____

(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 **D**

23. Signature **J. H. ...** (M. D. or other) **J. H. ...**

Address **Maryville Mo.** Date signed **10-15-41**

559 (Licensed Embalmer's Statement on Reverse Side)

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.....

John W. Price.

Licensed Embalmer No. *3229.*

P. O. Address *Maryville 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.