

NEW JAN - 6 1943

Registration District No. 253

Primary Registration District No. 4384

Registrar's No.

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

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Skidmore
 (If outside city or town limits, write "RURAL" and name of township)
 (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 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Skidmore
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James Fred Kellogg
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 28
 year 1942 hour 2 minute 50 A.M.

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Maud E.
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased: Jan. 6 1856
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 24, 1942, to Dec 27, 1942
 that I last saw him alive on Dec 27, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 11 Days 22
 If less than one day _____ hr. _____ min.

Immediate cause of death Senility with Dementia
 Due to Arteriosclerosis

9. Birthplace Oberlin Ohio
 (City, town, or county) (State or foreign country)

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Merchant

Major findings: Of operations _____
 Of autopsy _____
 162a

11. Industry or business _____
 12. Name Milo P. Kellogg
 13. Birthplace unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Adaline Chase
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Maud Kellogg
 (b) Address Skidmore Mo.
 17. (a) burial (b) Date thereof Dec. 31
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Skidmore Cem.

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature H. H. Buxton M.D. (M. D. or other)
 Address Skidmore, Mo. Date signed 1/28/42

18. (a) Signature of funeral director Price Funeral Home
 (b) Address Marmville Mo.
 19. (a) Jan 2 1943 (b) Mrs. Ralph Smith
 (Date received local registrar) (Registrar's signature)

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

1270

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. Price

Licensed Embalmer No. *1822*

P. O. Address. *Mayville, 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.