

NOV 10 1943

Registration District No. 360

Primary Registration District No. 6225

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: Nevada - Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. no. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yr. 1 mo. 1 da.
(Specify whether years, months or days)

In this community same time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No. 1837 Bendellon Av.
(If rural, give location)

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

3. (a) PRINT FULL NAME: Mary Frances Kellogg

3. (b) If veteran, name war: _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th
year 1943 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from 7-9-1943
19 to 10-19- 1943
that I last saw her alive on Oct. 18 1943
and that death occurred on the date and hour stated above

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: Apr. - 16 - 1872
(Month) (Day) (Year)

Immediate cause of death: Senile Psychosis
Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>6</u>	<u>3</u>	hr. _____ min. _____

Due to _____

Due to _____

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

Major findings: _____

Of operations: _____

Of autopsy: _____

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

10. Usual occupation: School Teacher

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business: _____

12. Name: Theron H. Kellogg

13. Birthplace: Newfield New York
(City, town, or county) (State or foreign country)

14. Maiden name: Frances Ann Penfield

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

16. (a) Informant: Hospital Records

(b) Address: Nevada Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Oct 21, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation: Kansas City Mo.

18. (a) Signature of funeral director: Days Funeral Service

(b) Address: Nevada Mo.

19. (a) 10-19-43 (b) Hazel B. Bewick
(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: _____

23. Signature: R.B. Restes (M. D. or other) _____
Address: State Hosp. #3 Nevada Mo Date signed: 10/19/43

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

RECEIVED

Health Officer No. 7,

License Number 10-43-1233

Date Filed 11-9-43

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 Mack A. Braswell

Licensed Embalmer No. 2529

P. O. Address Nevada 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.