. No. 2
I—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37053

FILED NOV 19 1945

Registration District No. 181 Primary Registration District No. 5395 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava, Rural Benton Tu
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Ava Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elijah Oliver, Kellogg

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Mabel Kellogg

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased July 27, 1870 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	2	25	hr. min.

9. Birthplace Salina, Kansas ri 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Anderson Kellogg
13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dollie Turner
15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Henry Kellogg
(b) Address Kelle Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava Missouri

19. (a) Oct 29-45 (Date received local registrar) (b) Vestal Bushman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22, year 1945 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Oct 18-45 only, 19, to, 19; that I last saw him alive on on Oct 18, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Duration
Diseas of heart
Mitral Stenosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 92b

PHYSICIAN
Underline the cause to 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 0

23. Signature J L Genby (M. D. or other)
Address Ava Mo Date signed 10.26.45

1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1145-1097
Date Filed NOV 14 1945

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

V, Registered Apprentice No.

working under my personal supervision.

Signed W B Hutchison

Licensed Embalmer No. 3431

P. O. Address Ava 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.