

S. No. 2
M-543
v. 5-17-39
I X36671

Registration District No. 197

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Crestwood Convalescent Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. LaSalle Hotel
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Lavinia M. Kellogg

3. (b) If veteran, name war NO. 3. (c) Social Security No. NO.

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced widowed 21
6. (b) Name of husband or wife Josiah Kellogg
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased October 15 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 3 2 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER
12. Name Perregrine Scott
13. Birthplace Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Marrow
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Scott Kellogg
(b) Address 412 W. 61st Ter., K. C., Mo.
17. (a) burial (b) Date thereof 1-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Leavenworth, Kansas

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-17-47 (b) Geraldine Holmes
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1947 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 9 1947 to Jan 17 1947
that I last saw him alive on Jan 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo. Pneumonia

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107
Of autopsy

Duration

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature P. D. Cantrell (M. D. or other)
Address 630 W. 4th St. Date signed 1-17-47

Dr. Cantrell

Margie Funder

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 *[Signature]*

Licensed Embalmer No. *14157*

P. O. Address *[Signature]*

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.