

No. 2
12-45
17-39
X47370

FILED APR 1 1947

State File No. _____

Registration District No. 157

Primary Registration District No. 3228

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nursing Home, 316 Fulton 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 months
12 years (Specify whether years, months or days)

In this community 12 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 824 Moffett Ave; 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME George Kellogg

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race white

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

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

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

7. Birth date of deceased June 25, 1862
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 1947
year _____ hour 5-00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Mar 7 1947 to Mar 9 1947
that I last saw him alive on Mar 9 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>8</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death Tobac Pneumonia Duration

Due to _____

Due to _____

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 G. L. Bout (M.D. or other)

Address Joplin Mo. Date signed 3-11-47

MOTHER FATHER

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

10. Usual occupation retired

11. Industry or business _____

12. Name Anson Kellogg

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

14. Maiden name no record

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Snook

(b) Address 1922 Appleton, Parsons Kansas

17. (a) removal (b) Date thereof 3-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parsons Kansas

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin Mo

19. (a) 3-12-47 (b) L. B. Clenton
(Date received local registrar) (Registrar's signature)

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

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47-3-244

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address. Joplin 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.