

FILED JAN 6 1948  
Registration District No. **237**

Primary Registration District No. **4971**

Registrar's No. **286**

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

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Elmo, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Dr. Ford's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Week  
(Specify whether Life)  
In this community Life  
years, months or days)

3. (a) PRINT **ETHEL CLARISSA KELLOGG**  
FULL NAME

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry Otis 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: April 7, 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>8</u>	<u>15</u>	<u>*****</u> hr. min.

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

10. Usual occupation: Housewife

11. Industry or business: None

MOTHER FATHER { 12. Name Lewis Cass Curren  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Ida McMillen  
15. Birthplace Madison County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Otis Kellog  
(b) Address Clearmont, Missouri

17. (a) Burial (b) Date thereof 12-24-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clearmont Cemetery

18. (a) Signature of funeral director Price Funeral Home  
(b) Address 120 E. 1st Maryville, Mo.

19. (a) Dec 23 1947 (b) Beno Holt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Clearmont  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 Miles Northeast.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22  
year 1947 hour 12 minute 4 M.

21. I hereby certify that I attended the deceased from March 1945  
1945 to Dec 22 1947  
that I last saw her alive on Dec 22 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease  
Rephrased as 2  
Small Diabetes mellitus  
Due to 101

Duration  
3 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 101  
Of autopsy Multiple gastric ulcers minute in size.

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) (Specify type of place)  
(Specify type of place) (Specify type of place)  
23. Signature Marvin Ford (M. D. or other)  
Address Crmo Mo Date signed 12/22/47

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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..... *Clum 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 stated above.