

FILED APR 19 1948

State File No. _____

Registration District No. 195

Primary Registration District No. 5715

Registrar's No. 8

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

1. PLACE OF DEATH: **McDonald**

(a) County **Jane Rural. White Rock**
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **None.** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **South Dakota.** (b) County **Unknown.** 999
(c) City or town **Belle Fourche, South Dak.** 37
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Charles Edison Kellogg.**

3. (b) If veteran, name war **None.**

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **8**
year **1948** hour **12.30** minute **PM.**

4. Sex **Male** **Female** 5. Color **W** race _____

6. (a) Single, widowed, married, divorced **W.**

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

7. Birth date of deceased: **July 11 1876**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

71	7	27	hr. min.
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Immediate cause of death: **Cerebral Hemorrhage.** Duration _____

9. Birthplace: **Wahoo Nebr.**
(City, town, or county) (State or foreign country)

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

10. Usual occupation **Laborer.**

11. Industry or business **Retired.**

Major findings: **g m**
Of operations _____

MOTHER FATHER { 12. Name **Henry Kellogg.**

13. Birthplace **Unknown. Mich.**
(City, town, or county) (State or foreign country)

14. Maiden name **Zella Koon.**

15. Birthplace **Unknown. Mich.**
(City, town, or county) (State or foreign country)

Of autopsy _____

22. If death was due to external causes, fill in the following:

16. (a) Informant **Mrs. Henry Kellogg**
(b) Address **Removal.**

17. (a) (b) Date thereof **Unknown.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? **3**

(c) Place: burial or cremation **Verdal Nebr.**

18. (c) Signature of funeral director: **P. M. Humphrey**
(b) Address **Pineville, Mo.**

19. (a) **3-13-48** (b) **M. B. E. Bradley**
(Date received local registrar) (Registrar's signature)

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

23. Signature: **P. M. Humphrey** (M.D. or other) **Coroner**
Address: **Pineville, Mo.** Date signed _____

RECEIVED

District Health Officer No. 6;

District File Number 448-399

Date Filed MAR 15 1948

JUN 1948

APR 19 1948

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 Mary E. Humphrey

Licensed Embalmer No. 4262

P. O. Address. Princeton, 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.