S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19539

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2731

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:
St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3005 Agnes 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country X

3. (a) PRINT FULL NAME AUGUSTUS R. KELLOGG

3. (b) If veteran, name war No
3. (c) Social Security No. 707 10 0252

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 7
6. (b) Name of husband or wife Millicent Kellogg
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased January (Month) 26 (Day) 1878 (Year)

8. AGE: Years 70 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Naples Illinois (City, town, or county) 1 (State or foreign country)
10. Usual occupation Retired
11. Industry or business Railroad

FATHER
12. Name Orlando Kellogg
13. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown Cahan
15. Birthplace France (City, town, or county) 5 (State or foreign country)

16. (a) Informant Miss Martha Kellogg
(b) Address 3005 Agnes K. C. 3 Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery
18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 2315 Linwood K. C. 3 Mo
19. (a) 7-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1948 hour 3 minute 10 P.M.
21. I hereby certify that I attended the deceased from Nov, 1947, to June 29, 1948
that I last saw him alive on June 29, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cardiac failure	3 hrs
Due to: adeno carcinoma of prostate	3 years
Due to: Diabetis mellitus	6 mons
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 5 1/6	
Of autopsy	

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

23. Signature Leo M. Mullen (M. D. or other) MD
Address 3548 Indiana Date signed 6-30-48

(Licensed Embalmer's Statement on Reverse Side)

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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address K.C. 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.