V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35897

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

Wood

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1479

State File No.

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 17

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:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1½ hours (Specify whether
In this community 1½ hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Route 1
(If outside city or town limits, write "RURAL")

(d) Street No. Diamond, Mo.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Marvin Lee Bradley

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife ---

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

7. Birth date of deceased January (Month) 24 (Day) 1947 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	1 hr. 41 min.

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

10. Usual occupation ----

11. Industry or business ----

FATHER
12. Name Winston Bradley
13. Birthplace Haywood Co. (City, town, or county) No. Carolina (State or foreign country)

MOTHER
14. Maiden name Olga Garmer
15. Birthplace Carroll Co. (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Winston Bradley
(b) Address Rt 1, Diamond, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 26 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Diamond Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri

19. (a) 1-25-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1947 hour 12:55 minute a M.

21. I hereby certify that I attended the deceased from 11:14 pm Nov 24, 1947, to 12:55 AM Jan 25, 1947
that I last saw him alive on Jan 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death premature birth 7 months development
Due to unknown causes for premature labor of mother.
Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none 159
Of autopsy none

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

23. Signature George H. Wood (M. D. or other)
Address Carthage Mo. Date signed Jan 25 47

(Licensed Embalmer's Statement on Reverse Side)

47-1-102

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.....Frank W. Kuell Jr.....

Licensed Embalmer No.....4440.....

P. O. Address.....Carthage.....

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.