S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13225

Registration District No. 122 Primary Registration District No. 5455 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Republic
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. F. D. # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 12 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39
(c) City or town Republic 0
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. # 2. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Lucile LaVerne Marvel
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
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 November 11, 1910
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	36	5	11	hr. min.

9. Birthplace Knobnoster Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation House work
11. Industry or business At Home
FATHER
12. Name Philip Newton Marvel
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name LaVerne Humphrey
15. Birthplace Ill.
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Laverne Marvel
(b) Address R 2, Republic Mo.
17. (a) Burial (b) Date thereof 4-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem,
18. (a) Signature of funeral director J. W. Klingner & Co
(b) Address Springfield Mo.
19. (a) Apr 24-1947 (b) Florence Britain
(Date received local registrar) (Registrar's signature) 105

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1947 hour 4 minute 00 A.M.
21. I hereby certify that I attended the deceased from April 22, 1947, to April 22, 1947
that I last saw her alive on April 22, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Embolism Cardiac	
Due to	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 2
23. Signature R. C. Mitchell Jr. (M. D. or other)
Address Republic Mo. Date signed 4-23/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 47-5-53
Date Filed 5-13-47

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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.