

FILED DEC 5 1947
Registration District No. **7**

Primary Registration District No. **3028**

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

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 **2 days**
(Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME **Clyde David BRADLEY**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **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 **November 20, 1947**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	2	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Robert Victor Bradley**

13. Birthplace **N.C.**
(City, town, or county) (State or foreign country)

14. Maiden name **Louis E. Mathes**

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

16. (a) Informant **Mr. Robert V. Bradley**

(b) Address **Route #2 Diamond, Mo.**

17. (a) **Burial** (b) Date thereof **11-24-47**
(Burial, cremation, or removal) (Month) (DAY) (Year)

(c) Place: burial or cremation **Diamond Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **Carthage, Mo.**

19. (a) **11-24-1947** (b) **L. B. Clinton**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton** **73**

(c) City or town **Diamond "Rural"**
(If outside city or town limits, write "RURAL")

(d) Street No. **Route #2**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **22nd.**
year **1947** hour **11:25** minute **P.** M.

21. I hereby certify that I attended the deceased from **Nov 20**
1947 to **Nov 22**, 19**47**;
that I last saw h. **im** alive on **Nov 22**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Immature development**

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy **159**

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)

(e) Means of injury _____

23. Signature **Russell Smith** (M.D. or other) **M.D.**

Address **Carthage, Mo.** Date signed **11-28-47**

Duration _____

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

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.....

Gene C. Pugh
Gene. C. Pugh.

Licensed Embalmer No..... 4231

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