

No. 2  
-1/47  
-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAR 1 1948  
Registration District No. 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4735

Primary Registration District No. 1002

Registrar's No. 685

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution Children's Mercy Hospital  
(d) Length of stay: In hospital or institution 6 days  
In this community 6 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Ray  
(c) City or town Richmond General Delivery  
(d) Street No. 12  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Brady, Marvin Eugene  
3. (b) If veteran, name war No  
3. (c) Social Security No. NONE

4. Sex M  
5. Color or race W  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive  
7. Birth date of deceased July 1, 1947

8. AGE: Years 7 Months 14 Days  
If less than one day

9. Birthplace Kansas City, Missouri

10. Usual occupation None

11. Industry or business

12. Name Marvin Brady  
13. Birthplace Richmond, Missouri  
14. Maiden name Ella Irene Wrisinger  
15. Birthplace Richmond, Missouri

16. (a) Informant Mr Marvin Brady  
(b) Address Richmond, Missouri

17. (a) Cause Burial (b) Date thereof 2/15/48  
(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director  
(b) Address

19. (a) 2-15-48 (b) Genevieve Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 2 day 15 year 1948 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from Pathologist to  
that I last saw h. alive on  
and that death occurred on the date and hour stated above.  
Immediate cause of death Pertussis and Pneumonia

Due to  
Due to  
Other conditions  
Major findings: Of operations  
Of autopsies

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work?  
Signature J. W. Miller  
Address 1624 P. R. Rd.  
Date signed

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

MOTHER FATHER

**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.....

*Louis Lunt*

Licensed Embalmer No. *4096*

P. O. Address.....

*Richmond 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.