

No. 2
-1-4-41
-17-39
X26390

FILED APR 11 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10268**

Registration District No. **12v**

Primary Registration District No. **3009**

Registrar's No. **108**

1. PLACE OF DEATH: **Cape Girardeau**
 (a) County **Cape Girardeau, Mo.**
 (b) City or town **Cape Girardeau, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Southeast Missouri Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: **In hospital 6 days**
43 years (Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
Missouri Cape Girardeau
 (a) State _____ (b) County **16**
 (c) City or town **Cape Girardeau**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **529 S. Frederick St.**
 (If rural, give location) **14**
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Ada Simms**
 3. (b) If veteran. _____ name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **March** day **17** day
 year **1941** hour **9:20 A.M.** M.
 21. I hereby certify that I attended the deceased from **March 14th**
 19**41** to **March 17** 19**41**
 that I last saw her alive on **March 17** 19**41**
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Negro**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Louis Simms**
 6. (c) Age of husband or wife if alive _____ years
12 years **1898**
 7. Birth date of deceased. **March** **12** **1898**
 (Month) (Day) (Year)
 8. AGE: Years **43** Months **0** Days **5**
 If less than one day _____ hr. _____ min.

Immediate cause of death **Delayed shock**
 Due to **Pancreatic resection** **12 hrs**
 Due to **multiple myomas**
 Other conditions **interstitial nephritis 1 yr**
 (Include pregnancy within 3 months of death)

9. Birthplace **Jackson, Missouri** (City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**
 11. Industry or business _____
 12. Name **Charley Davis**
 13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown** (City, town, or county) (State or foreign country)
 15. Birthplace **Unknown** (City, town, or county) (State or foreign country)
 16. (a) Informant **Louis Simms**
 (b) Address **529 S. Frederick, Cape Girardeau**
 17. (a) **Removal** (b) Date thereof **March 19, 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation. **76, Missouri.**
 18. (a) Signature of funeral director **F. J. Sparks**
Cape Girardeau, Mo.
 (b) Address _____
 19. (a) **3-17-41** (b) **J. M. Thompson**
 (Date received local registrar) (Registrar's signature)

Major findings: **56 Pa**
 Of operations _____
 Of autopsy _____
 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 **W. H. W. W. W.** (M. D. or other) **D.**
 Address **Cape Girardeau, Mo.** Date signed **3-17-41**

(Licensed Embalmer's Statement on Reverse Side)

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

6
1
4

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 Sparks*

Licensed Embalmer No. *3455*

P. O. Address *Cape Girardeau*

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.