U. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21657

Registration District No. 477 Primary Registration District No. 4286 Registrar's No. 55

56 1 0

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town Canton Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community about 38 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis 56
(c) City or town Canton 1 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ada Alice Willis
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 21 (Day) 1893 (Year)

8. AGE Years	Months	Days	If less than one day
49	1	10	hr. min.

9. Birthplace Knox City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business Housekeeper
FATHER
12. Name Eason Vice
13. Birthplace Knox County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Amanda Goodwin
15. Birthplace Grafton (City, town, or county) West Virginia (State or foreign country)
16. (a) Informant Mrs. Herbert Wolff
(b) Address Canton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Canton Missouri
18. (a) Signature of funeral director Kelly Funeral Home
(b) Address Canton Mo
19. (a) 6/2/42 (Date received local registrar) (b) P. W. Jennings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day June
year 42 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from 4-21, 1942, to 6-1, 1942 that I last saw h— alive on 6-1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Uterus	6 mo.
Due to	
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
23. Signature S. J. Gillard (M. D. or other) M.D.
Address Canton Mo Date signed 6-2-42

987 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-42-1352
Date Filed JUL - 8 1942

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 My Apprentice Mr. James A. Coder Jr., Registered Apprentice No. 298, working under my personal supervision.

Signed James A Coder

Licensed Embalmer No. 3532

P. O. Address Lewistown, 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.