S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 6 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 39568

Registrar's No. 10683

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4221 a Kennerly
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ada Davis
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 22 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
81	3	26	hr. min.

9. Birthplace Myrena (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Joe Woody
13. Birthplace (City, town, or county) Arkansas (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Harold Davis
(b) Address 4221a Kennerly Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Kennett, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) (Date received by Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18 year 1947 hour 11 minute 30 P M.
21. I hereby certify that I attended the deceased from Oct. 27, 1947 to Nov. 18, 1947 that I last saw her alive on Nov. 18, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Cervix	
Far Advanced	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

PHYSICIAN
Underline the cause of 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? Means of injury
23. Signature John B. Coates (M. D. or other)
Address 2601 N Whitaker Date signed 11/19/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....3575.....

P. O. Address.....

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.