No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35283

Registration District No. 420 Primary Registration District No. 3022 Registrar's No. 69

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

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1. PLACE OF DEATH:

(a) County Jefferson 2
(b) City or town DeSoto City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 1
602 S. Fifth.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not in Hospital
In this community 68 Years 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 050 2
(c) City or town DeSoto 2
(If outside city or town limits, write "RURAL")
(d) Street No. 602 South Fifth
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 6

3. (a) PRINT FULL NAME IDA HEARST

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex 1 female
5. Color or race white 2
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William F. Hearst
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased July (Month) 4, (Day) 1866 (Year)

8. AGE: Years 75 Months 2 Days 24 If less than one day ___ hr. ___ min.

9. Birthplace Louisville (City, town, or county) Ky. 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Joe Hoober
13. Birthplace ? (City, town, or county) Ohio 1 (State or foreign country)
MOTHER
14. Maiden name Anne Coleman
15. Birthplace ? (City, town, or county) Ill. 1 (State or foreign country)
16. (a) Informant Grace Hearst
(b) Address De Soto, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 4, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation DeSoto, Mo.
18. (a) Signature of funeral director Lee Mothershea d
(b) Address DeSoto, Mo.
19. (a) 10-11-41 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1
year 1941 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from about 1939 Oct-11- 1941 to Oct 11- 1941
that I last saw her alive on Oct-11- 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation of heart — Duration not known

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

92 b

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 Walter E. Gibson (M. D. or other) 0
Address De Soto Mo Date signed 10-10-41

50 1 (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 Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address Lesato Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.