

FILED MAY 9 1944

Registration District No. 223

Primary Registration District No. 3031

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town DeSoto  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
602 S. Fifth  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community 54 Years (Specify whether years, months or days)

3. (a) PRINT GRACE J. HEARST  
FULL NAME

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 SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MARCH 9 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 0 22 hr. min.

9. Birthplace DeSoto Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher of Music

11. Industry or business \_\_\_\_\_

12. Name William F. Hearst  
13. Birthplace Jefferson Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Ida Hooper  
15. Birthplace Louisville Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Blanche Curtis  
(b) Address 602 S. Fifth - DeSoto - Mo  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2, 1944  
(Month) (Day) (Year)  
(c) Place: burial or cremation DeSoto (City)

18. (a) Signature of funeral director Lee Mothershead  
(b) Address DeSoto, Mo.

19. (a) 4-7-44 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
(c) City or town DeSoto  
(If outside city or town limits, write "RURAL")  
(d) Street No. 602 S. Fifth  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31  
year 1944 hour 11 minute 58 A.

21. I hereby certify that I attended the deceased from March 31  
1944 to March 31 1944  
that I last saw her alive on March - 31 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Malignant Dysentery  
Duration 20 hrs  
Due to not known

Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations 27C  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Matthias Gibson (M. D. or other)  
Address DeSoto, Mo Date signed 4/2-44

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

22

22

587

MAY 9 1944

DEC 7 1956

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 5-8-44

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 *J. E. Mothershead*  
Licensed Embalmer No. *3531*

P. O. Address *Edote md*

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.