S. No. 2
1—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1948

Registration District No. 16

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19034

Primary Registration District No. 4158

Registrar's No. 51

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

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

3. (a) PRINT FULL NAME: Ida Belle Hoover
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: Married
6. (b) Name of husband or wife: Charles Hoover
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: July (Month) 12 (Day) 1872 (Year)

8. AGE: Years 75 Months 9 Days 25 If less than one day hr. min.

9. Birthplace: Dallas Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: House Keeper
11. Industry or business:
FATHER
12. Name: John Gress
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sarah Morgan
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Charles Hoover
(b) Address: Buffalo, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Pleasant
18. (a) Signature of funeral director: L. B. Jones
(b) Address: Buffalo, Mo.
19. (a) 6/28/48 (Date received local registrar) (b) Mrs. L. B. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from Jan 7, 1947 to 7 June, 1948; that I last saw her alive on 7 June, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to: Coronary Thrombosis	2 hrs
Due to: Hypertensive cardio vascular dis	4-5 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 93P
Of autopsy: 9

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: O. A. Griffin (M. D. or other) MD
Address: Buffalo Mo Date signed 6 Jun

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-48-718
Date Filed 7-2-48

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 Lester A. Roof

Licensed Embalmer No. 30-54

P. O. Address Springfield 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.