

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 24 1944
Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18083
Registrar's No. 403

Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County... GREENE
(b) City or town... SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. JOHN'S HOSP. (7)
(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) 17 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State... MO. (b) County... GREENE 30
(c) City or town... SPRINGFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. 836 Hamilton 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME EYALINE FAYE MOFFITT
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife NONE
6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased JUNE 1, 1926
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9th
year 1944 hour 3 minute 15 P. M.
21. I hereby certify that I attended the deceased from 5-1, 1944 to 5-9, 1944
that I last saw her alive on 5-9, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 17 Months 11 Days 8
If less than one day hr. min.
9. Birthplace SPRINGFIELD MO.
(City, town, or county) (State or foreign country)
10. Usual occupation IN SCHOOL

Immediate cause of death
Rheumatic Heart Disease
Duration
Due to...
Due to...
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

MOTHER FATHER
11. Industry or business AT HOME
12. Name ORVILLE L. MOFFETT
13. Birthplace MARION CO. IOWA
(City, town, or county) (State or foreign country)
14. Maiden name PAULINE FAYE LEAGER
15. Birthplace Unk. MO.
(City, town, or county) (State or foreign country)
16. (a) Informant Orville L. Moffitt
(b) Address SPRINGFIELD MO.
17. (a) Burial (b) Date thereof May 11-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director J. Klingner & Co.
(b) Address SPRINGFIELD MO.
19. (a) 5-11-44 (b) S. W. Handley
(Date received local Registrar) (Registrar's signature)

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) (Specify means of injury)
23. Signature Max [Signature] (M. D. or other)
Address Springfield Mo. Date signed 5-10-44

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 *Ogle Slone Jr.*

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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.