FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36188

Registration District No. 128 | Primary Registration District No. 2000 | Registrar's No. 1005A

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 Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Polk
(c) City or town: Red Top (Rural) (If outside city or town limits, write "RURAL")
(d) Street No.: 6 mi. S.W. of Red Top Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: None

3. (a) PRINT FULL NAME: Mrs. Julia H. Moore
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: Married
6. (b) Name of husband or wife: Eulis Emerson Moore
6. (c) Age of husband or wife if alive: 80 years
7. Birth date of deceased: April (Month) 24 (Day) 1870 (Year)

8. AGE: Years 78 | Months 6 | Days 23 | If less than one day ... hr. ... min.
9. Birthplace: Macon Co. (City, town, or county) Georgia (State or foreign country)
10. Usual occupation: House keeper
11. Industry or business: House work
12. FATHER Name: Jack Alfred Owens
13. FATHER Birthplace: (City, town, or county) Georgia (State or foreign country)
14. MOTHER Maiden name: UNKNOWN
15. MOTHER Birthplace: UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant: Perry Moore
(b) Address: Red Top Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Rock Prairie Cemetery
18. (a) Signature of funeral director: Willard B. Erwin
(b) Address: Pleasant Hope, Mo.
19. (a) 11-23-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16 year 1948 hour 12:00 minute 05 A.M.

21. I hereby certify that I attended the deceased from 11/5/48, 19..., to 11/16/48, 19...; that I last saw her alive on 11/15/48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: MYOCARDIAL INFARCTION, ACUTE	12 DAYS
Due to: ARTERIOSCLEROTIC HEART DISEASE	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NO	
Of autopsy:	

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? (e) Means of injury

23. Signature: Glenn A. Turner (M. D. or other)
Address: Springfield, Mo. Date signed 11/16/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Balmar, 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.