

S. No. 2
M-1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2894
State File No. _____
Registrar's No. 69

FILED JAN 26, 1942

Registration District No. 667

Primary Registration District No. 5763

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

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Rural St. James
(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)
In this community 11 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town Rural
(d) Street No. 1 mile North of Anneton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAUDE MAE GOODWIN
3. (b) If veteran, name war: _____
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 11
year 1941 hour 5:30 minute 0 M.
21. I hereby certify that I attended the deceased from No Doctor 19____ to 19____
that I last saw h. _____ alive on _____ 19____
and that death occurred on the _____ date and hour stated above.

4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cornelius Theodora Woodwin
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased: Jan 7 1880
(Month) (Day) (Year)

Immediate cause of death From information received deceased had never been sick Duration _____
Acute Myocarditis

8. AGE: Years 61 Months 11 Days 4
If less than one day _____ hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Equality, Illinois
(City, town or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name John Dempsey

13. Birthplace Unknown Kentucky
(City, town or county) (State or foreign country)

14. Maiden name Mary Agnes Dyer

15. Birthplace Unknown Kentucky
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. E. B. Duffin

(b) Address Anneton, Mo.

17. (a) Rural (b) Date thereof 12-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dogwood of St. James

18. (a) Signature of funeral director Travis Shelby

(b) Address East Prairie, Mo.

19. (a) Jan 1 1942 (b) Mrs. M. Hodge
Date received local registrar (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

93a
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 _____ (Specify type of place) (e) Means of injury 3

23. Signature Travis Shelby (M. D. or other) Cowan
Address East Prairie, Mo. Date signed 12/14/41

APR 2 1942

RECEIVED

District Health Office No. 2,

District File Number 142-23

Date Filed 1-16-42

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.