

15 APR 25 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12610

Do not use this space.

## 1. PLACE OF DEATH

(a) County Shelby Registration District No. 831  
(b) Township Black Creek Primary Registration District No. 4504  
(c) City Shelbyville or Shelbyville (d) Street No. 9 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 350 Anna Cordelia Goodwin Shelbyville Mo St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF P. D. Goodwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 6 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

FATHER 13. NAME Washington W. Moreland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Moreland Co. Va

MOTHER 15. MAIDEN NAME Isabella Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Joe Ruth  
Emden, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Emden Cemetery DATE March 18, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. P. Thompson  
Shelbyville, Mo.

20. FILED Mar 18, 1940 Bear Goe Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 16 - 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1940 to Mar 16 1940  
I last saw her alive on March 16 1940 Death is said to have occurred on the date stated above, at 3:00 p. m.  
The principal cause of death and related causes of importance were as follows:

Acute Dementia Date of onset Jan 20

Other contributory causes of importance:

Pulmonary pneumonia Jan 5 1940

Name of operation None Date of Jan 5 1940  
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.  
(Signed) H. G. Lekeors, M. D.  
(Address) Shelbyville Mo

RECEIVED

District Health Officer No. 10

District File Number 4-40-836

Date Filed APR 15 1940

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**