

FILED APR 2 1947

State File No. _____

Registration District No. _____

Primary Registration District No. 3009

Registrar's No. 20

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

1. PLACE OF DEATH:
 (a) County: Cape Girardeau
 (b) City or town: Jackson
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 626 N. Third East St. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Cape Girardeau
 (c) City or town: Jackson
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 626 N. Third East St. 1
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME: GUSTAV GOEHMAN
 3. (b) If veteran, name war:
 3. (c) Social Security No.: 490-01-3819

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: March 18
 year: 1947 hour: 11 minute: 45 P.M.
 21. I hereby certify that I attended the deceased from Sept 1943
 and that death occurred on the date and hour stated above.
 that I last saw h. alive on Mar 18 1947
 and that death occurred on the date and hour stated above.

4. Sex: male
 5. Color or race: white
 6. (a) Single, widowed, married, divorced: 2 divorced widowed
 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: May 23 1875
 (Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage
 Duration: 6 days
 Due to: Hypertension 2 yrs
 Due to: Arterio sclerosis 10 yrs
 Other conditions: Coronary sclerosis 3 yrs
 (Include pregnancy within 3 months of death)

8. AGE: Years: 71 Months: 9 Days: 25 If less than one day: _____ hr. _____ min.
 9. Birthplace: near Jackson Mo. (City, town, or county) (State or foreign country)
 10. Usual occupation: Laborer

Major findings: Of operations: *G3A*
 Of autopsy: _____
 Underline the cause to which death should be charged statistically.

11. Industry or business: _____
 12. Name: Louis Goehman
 13. Birthplace: Germany (City, town, or county) (State or foreign country)
 14. Maiden name: Caroline Sievers
 15. Birthplace: Germany (City, town, or county) (State or foreign country)

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) (e) Means of injury: _____
 23. Signature: J. E. Ruff Jackson Mo. (M. D. or other) _____
 Address: 3124 1/2 47 Date signed _____

16. (a) Informant: Otto Goehman
 (b) Address: Jackson
 17. (a) Burial (b) Date thereof: Mar 20 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: St. Johns Cemetery
 18. (a) Signature of funeral director: J. Miller
 (b) Address: Jackson
 19. (a) 3-24-47 (b) H. G. Sch... (Registrar's signature)
 (Date received local registrar) (Registrar's signature)

RECEIVED

Health Officer No. 4

File Number 447-455

Filed 4-1-47

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 *Ebenezer C. Crockett*

Licensed Embalmer No. *4327*

P. O. Address *Jackson, Ma*

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.