

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED MAR 30 1948

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 85

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
631a Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 631a Broadway
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Burnham Tanner

3. (b) If veteran, name war World War # 2 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Lillian Delores Goehmann 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 1st 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 11 17 hr. min.

9. Birthplace Madison Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Employed at Statler Motor Co.

11. Industry or business _____

MOTHER FATHER

12. Name Burnham Tanner Sr.
13. Birthplace Jackson Co. Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name Rose Fells
15. Birthplace Richland Co. Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose Tanner

(b) Address Richland Center, Wisconsin

17. (a) Removal (b) Date thereof 3-22-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland Center, Wis.

18. (a) Signature of funeral director L.L. Hamar
(b) Address Cape Girardeau Missouri

19. (a) 3-20-48 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1948 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock
Hemorrhage & Shock
Due to Shooting by self thru head with 32 caliber automatic
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____
164C

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) Suicide
(b) Date of occurrence March 18, 1948
(c) Where did injury occur? Cape Girardeau, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home 6310. Broadway
While at work? No (Specify type of place) (e) Means of injury 32 Automatic
Signature Dr. J. F. Sigmond (M.D. or other)
Address Jackson, Mo. Date signed 3/19/48

APR 5 1948

RECEIVED

Officer No. 4
348-393
3-29-48

APR 3 1948

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 William Lee Townes

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.