S. No. 2
DM—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 30 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8078

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 86

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 (Specify whether years, months or days)
In this community 2 months

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? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillian Delores Tanner
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Burnham Tanner
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 6th (Day) 1928 (Year)

8. AGE: Years	Months	Days	If less than one day
19	3	12	hr. min.

9. Birthplace Cape Girardeau (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Marvin Goehman
13. Birthplace Jackson (City, town, or county) Missouri (State or foreign country)
14. Maiden name Thelma Mollenhour
15. Birthplace Burfordville (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Thelma Goehman
(b) Address Cape Girardeau, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Fairmont Cemetery
18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri.
19. (a) 3-20-48 (Date received local registrar) (b) C. C. Summers (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 h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage & Shock	
Due to being shot thru heart with -32 Caliber Automatic	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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) Homicide
(b) Date of occurrence March 18, 1948
(c) Where did injury occur? Cape Guardeau (City or town) Cape (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home 631a Broadway (Specify typical place)
While at work? No (e) Means of injury .32 Automatic Pistol
23. Signature Dr. J. H. Sigmund Coroner (M. D. or other)
Address Jackson Mo. Date signed 3/19/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Officer No. 4
348-394
3-29-48

JUL 14 1948

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 Torrence

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.