

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:
St. Francis Hospital 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 hours (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 Marshall Lee Tanner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 22nd 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>1</u>	<u>3</u>	<u>27</u>	_____ hr. _____ min.
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9. Birthplace Madison Wisconsin/
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER

12. Name Barnham Tanner

13. Birthplace Madison Wis
(City, town, or county) (State or foreign country)

14. Maiden name Lillian Belores Goehman

15. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thelma Goehman

(b) Address Cape Girardeau, Missouri.

17. (a) Burial (b) Date thereof 3-20-1948
(Burial, cremation, or removal) (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 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1948 hour - 5 minute 55 A.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.

Immediate cause of death Thrombosis & Shock Duration _____

Due to being shot thru head by .38 Caliber automatic

Due to _____

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

Major findings: Of operations _____

Of autopsy 166

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 Girardeau, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - 631a Broadway, 3
(Specify type of place)

While at work? No. (e) Means of injury 2.2. Automatic

23. Signature Dr. J. F. Ligonius (M.D. or other) _____
Address Jackson, Mo. Date signed 3/19/48

8161 S NDC
JUN 1948

JUL 14 1948

RECEIVED

Health Officer No. 4

File Number 248-395

3-29-48

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 Thomas

Licensed Embalmer No. 4412

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.