

Registration District No. **124**Primary Registration District No. **4070**Registrar's No. **49**

1. PLACE OF DEATH:

- (a) County Jackson Cape Girardeau
 (b) City or town Jackson
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community all of life _____ (Specify whether _____)
 years, months or days _____

3. (a) PRINT FULL NAME MINNIE GOEHMANN

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife August Goehmann 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct 4, 1876
 (Month) (Day) (Year)

- | 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>64</u> | <u>2</u> | <u>23</u> | hr. _____ min. _____ |

9. Birthplace Jackson Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation House Keeper 0

11. Industry or business 0

12. Name Jacob Handlemann 0

13. Birthplace near Jackson Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Minnie Lewis

15. Birthplace near Jackson Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Johnson

- (b) Address Jackson Mo

17. (a) Burial (b) Date thereof Dec 29, 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director D. Miller

- (b) Address Jackson Mo

19. (a) 12-28-40 (b) D. S. Lusher
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Cape Gir
 (c) City or town Jackson Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day December
 year 1940 hour 12:00 minute 15 a.m.

21. I hereby certify that I attended the deceased from December
20th, 1940 to December 27, 1940
 that I last saw her alive on December 26th, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of Heart Duration _____

Due to long standing hypertension and followed by congestive heart failure

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) _____
 (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? _____

120 (Specify type of place) _____
 While at work _____ (e) Means of injury _____
 28. Signature D. P. Tindall (Name of doctor) D. S.
 Address Jackson, Mo Date signed 12/28/40

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.....

Lynnan Steele

Licensed Embalmer No.....

2476

P. O. Address.....

Jackson 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, above space should be left blank.