

FILED JAN 10 1945

Primary Registration District No. 3010

Registrar's No. 4021

1. PLACE OF DEATH:

(a) County Cape Gir.  
(b) City or town Cape Girardion  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: S.E. Mo Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
In this community 8 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Gir. 16  
(c) City or town Jackson  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country. ....

3. (a) PRINT FULL NAME ANNIE B. Goeckman

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Otto W. Goeckman 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased Sept 13 1885  
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Cape Co. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER } 12. Name M.C. Oldham  
13. Birthplace Cape Gir MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Harvey, Richards  
15. Birthplace Cape Gir. MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Otto W. Goeckman  
(b) Address Jackson, Mo.

17. (a) Burial (b) Date thereof Dec. 3, 44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director McComb, Evans & Co.  
(b) Address Jackson, Mo.

19. (a) 12-4-44 (b) W.D. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATE

20. DATE OF DEATH: Month Dec day 1st year 1944 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 14 1944 to Dec 1 1944  
that I last saw h. a alive on Nov 1 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 15 days

Due to Aspirated 3y4

Due to

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

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? .....

While at work? (Specify type of place) (c) Means of injury

23. Signature W.D. Phelps (M. D. or other) W.D. Phelps  
Address Jackson, Mo. Date signed 12-2-44

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

6  
4

District Health Officer No. 4  
District File Number 145-53  
Date Filed 1-8-45

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**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 *Thos H. Allen*  
Licensed Embalmer No. *4350*  
P. O. Address *Jackson*

**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.**