

Registration District No. 53313 Primary Registration District No. 3010

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution: St. Francis Hospital
(d) Length of stay: In hospital or institution 3 days
In this community About 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural
(d) Street No. Cape Girardeau R.F.D. # 2
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME George E. Goza
3. (b) If veteran, name war. 3. (c) Social Security No. 499-20-6450

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 23rd year 1945 hour 4 minute A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie Farrar
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 28th 1886

21. I hereby certify that I attended the deceased from April 10, 1945 to April 23, 1945. that I last saw alive on 4/23 and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 5 Days 25 If less than one day hr. min.

Immediate cause of death: Coronary Thrombosis
Due to: Hypertension

9. Birthplace Jackson Missouri

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

10. Usual occupation Inactive employee of

Major findings: Of operations: Of autopsy: Physician: Underline the cause to which death should be charged statistically.

11. Industry or business International Shoe Factory

12. Name Frank Goza
13. Birthplace Jackson Missouri
14. Maiden name Jimmie Caldwell
15. Birthplace Jackson Missouri

16. (a) Informant Mrs. Marie Goza
(b) Address Cape Girardeau R.F.D. # 2
17. (a) Burial (b) Date thereof 4-25-1945
(c) Place: burial or cremation Memorial Park

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri
19. (a) 5-2-45 (b) F. D. Phelps

23. Signature: [Signature] (M.D. or other)
Address: Cape Girardeau, Missouri Date signed: [Signature]

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

6

1
4

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 545-600
Date Filed 5-7-45

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.....*Howard R. Hanner*.....
Licensed Embalmer No.....4122.....

P. O. Address.....Cape Girardeau, Missouri.....

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.