

Registration District No. 13

Primary Registration District No. 4010

Registrar's No. 78

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Savannah
(c) Name of hospital or institution:
720 Williams St
(d) Length of stay: In hospital or institution X
In this community Life years, months or days

8. (a) PRINT FULL NAME FLOYD WILLIAMS BURNS
8. (b) If veteran, name war X
8. (c) Social Security No. 65-60

4. Sex male 5. Color or race White
6. (b) Name of husband or wife X
7. Birth date of deceased: March (Month) 14 (Day) 1907 (Year)

8. AGE: Years 32 Months 9 Days 6
If less than one day hr. min.

9. Birthplace Andrew County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Filling Station

11. Industry or business Filling Station

12. Name George Burns

13. Birthplace Andrew Co MO
(City, town, or county) (State or foreign country)

14. Maiden name Minnie P Chronister

15. Birthplace Andrew Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs J Penhollow
(b) Address Savannah MO

17. (a) old Baptist Cem Date thereof Dec 22 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation old Baptist Cem

18. (a) Signature of funeral director J Fred Johnson
(b) Address Savannah MO

19. (a) Dec. 21-1939 (b) Mrs Jennie Rash
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ANDREW
(c) City or town Savannah MO
(d) Street No. 720 Williams St
(e) If foreign born, how long in U. S. A. X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1939 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from viewed the body 1939
that I last saw h alive on 12/20 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by fire arms
Due to Self Death

Other conditions 167
(include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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) Suicide
(b) Date of occurrence Dec. 20, 1939
(c) Where did injury occur? Savannah MO Andrew
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work Yes (e) Means of injury Carrots
28. Signature C. P. Steidinger M. D. or other _____
Address Savannah Date signed 12/21/39

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 117

District File Number 42-1888

Date Filed JAN 12 1940

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.....

J. Fred Terhune
working under my personal supervision.

Registered Apprentice No. 1279

Signed J. Fred Terhune

Licensed Embalmer No. 1279

P. O. Address Savannah

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.