

FILED NOV 14 1941

Registration District No. 2

Primary Registration District No. 205

Registrar's No. 53

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

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Savannah *town*  
(If outside city or town limits, write "RURAL" and name of township)  
(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 60 Yrs.  
years, months or days)

3. (a) PRINT FULL NAME Ollie Burnham

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 W 9  
6. (b) Name of husband or wife Zackriah Burnham  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 7 1871  
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days II  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace un known *1. Illi*  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name un known  
13. Birthplace un known *9*  
(City, town, or county) (State or foreign country)  
14. Maiden name un known  
15. Birthplace un known *9*  
(City, town, or county) (State or foreign country)

16. (a) Informant Webster Burnham  
(b) Address Savannah Mo.

17. (a) B (b) Date thereof 10 21 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. L. Breit  
(b) Address Savannah Mo.

19. (a) Oct 21 1941 (b) Mrs. Jennie Rask  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
(c) City or town Savannah  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18  
year 1941 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from viewed  
the body, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration ?

Due to Arteriosclerosis ?

Due to \_\_\_\_\_

Other conditions 1  
(Include pregnancy within 3 months of death)

Major findings: 830  
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)  
Means of injury ?  
23. Signature Clifford L. Steidley (M.D. or other) MD  
Address Savannah Mo. Date signed 10/20/41

93 (Licensed Embalmer's Statement on Reverse Side) Carover Andrew County

**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..... *E. C. Breit* .....

Licensed Embalmer No..... *2650* .....

P. O. Address..... *Laurinsh* .....

**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.**