

FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39551

Registration District No. 11

Primary Registration District No. 5044

Registrar's No. 79

## 1. PLACE OF DEATH:

(a) County Barry  
(b) City or town "RURAL" Washburn Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4 mi NW of Seligman  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community lifetime  
years, months or days)

3. (a) PRINT FULL NAME John William ANDERSON

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

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Eliza Anne Anderson  
6. (c) Age of husband or wife if alive Dead years  
7. Birth date of deceased July 14, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 5 12 -- hr. --- min.

9. Birthplace Barry Co., Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name Elmore Anderson

13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Cecil Anderson

(b) Address RFD; Seligman, Missouri

17. (a) Burial (b) Date thereof 11/27/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roller Cemetery

18. (a) Signature of funeral director W. C. Koon

(b) Address Cassville, Missouri

19. (a) Dec 10 1946 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town "Rural" (Washburn Twp.)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 mi NW of Seligman  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country -----

## "MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26  
year 1946 hour 4:30 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 15  
Nov. 15 1946 to Nov. 26 1946  
that I last saw him alive on Nov. 25 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Bronchopneumonia

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

Other conditions Chronic Nephritis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 121 B

## 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? 2 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C. R. Brown (M. D. or other) DO

Address Seligman Mo. Date signed 11-26-46

**RECEIVED**

District Health Officer No. 6,

District File Number 1246-1247

Date Filed DEC 19 1946

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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 \_\_\_\_\_

Licensed Embalmer No. 4196

P. O. Address Cassville, 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, fact should be so stated above.**