V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1947

Registration District No. 11

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26681

Primary Registration District No. 5043

Registrar's No. 76

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

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Seligman (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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Seligman (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 Noah Peter Anderson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 5 (Day) 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	9	15	hr. min.

9. Birthplace Black Water (City, town, or county) Virginia (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER 12. Name John M. Anderson
13. Birthplace (City, town, or county) Va. (State or foreign country)
MOTHER 14. Maiden name Susan Raines
15. Birthplace (City, town, or county) Va. (State or foreign country)
16. (a) Informant Mrs. Clyde Beaver
(b) Address Seligman, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Seligman Cemetery
18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri
19. (a) Aug 4-1947 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1947 hour 2:30 minute P. M.
21. I hereby certify that I attended the deceased from July 17, 1947, to July 20, 1947 that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. R. Brown D.O. (M.D. or other)
Address Seligman Mo Date signed 7/21/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 841-859
Date Filed AUG-1-9-1947

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 Ruby Elkins, Registered Apprentice No. 496, working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.