S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41455

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald 60
(c) City or town "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Wanda Carnelia Anderton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John W. Anderton
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased February (Month) 28 (Day) 1927 (Year)

8. AGE:	Years	Months	Days	If less than one day
	18	9	3	hr. min.

9. Birthplace Neck City (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Wm. Herring
13. Birthplace Nodawa Co. (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Sadie Howard
15. Birthplace St. Clair Co. (City, town, or county) Missouri (State or foreign country) 6
16. (a) Informant Mrs. Sadie Herring
(b) Address Seneca, Mo. R.R.# 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 5 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Hornet, Mo.
18. (a) Signature of funeral director B.W. Buzzard
(b) Address Seneca, Missouri
19. (a) 12-1-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st. year 1945 hour 12 minute 30 P M.
21. I hereby certify that I attended the deceased from Dec 1, 1945, to Dec 1, 1945; that I last saw her alive on Dec 1, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pressure from Tumor of Brain	
Due to Brain Tumor	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

578

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. C. Coal (M. D. or other) 0
Address Joplin Mo Date signed 12-1-45

1464 (Licensed Embalmer's Statement on Reverse Side)

46-12-978

MAR 26 19[illegible]

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. B. W. Buzzard

Licensed Embalmer No. 2334

P. O. Address Seneca 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.