No. 2
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5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 21 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 12170

Registrar's No. 292

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'Reilly VA Hospital 0
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 19 Days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Elkhead 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 LETTERMAN, Seaborn A.
3. (b) If veteran, name war World War I
3. (c) Social Security No. —
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mrs Ruby Letterman
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased August 28, 1888 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	7	8	15 hr. 30 min.

9. Birthplace Ozark, Missouri — 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Unknown 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant VA Records
(b) Address Sped Mo.
17. (a) ~~Removal~~ Burial (b) Date thereof 4-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National Cem
18. (a) Signature of funeral director Norman Scharff Funeral Home
(b) Address Springfield Mo.
19. (a) 4/9/48 (b) W. L. Handley W.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1948 hour ~~12~~ 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 18, 1948, to April 6, 1948; that I last saw him alive on April 6, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death (1) Peritonitis, Generalized (2) Gangrene, Recto-sigmoid (3) Thrombosis, Common Iliac bilaterally ~~xxx~~ (4) Hemorrhagic, Infarcition, lung (5) Acute Visceral degeneration

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 129
Of autopsy Same As Above

Duration

PHYSICIAN
Underline the cause of 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 Paul L. Eisele (e) Means of injury 0

23. Signature PAUL L. EISELE (M. D. or ~~other~~)
Address O'Reilly VA Hospital 4-7-48 Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Harry Clyde, Registered Apprentice No. 479, working under my personal supervision.

Signed L. Dorlin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.