No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 30 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Glynn
State File No. 25958
Registrar's No. 691-C

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: Baptist Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 2 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney 106
(c) City or town Walnut Shade 0
(If outside city or town limits, write "RURAL")
(d) Street No. (Rural) 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Ervine Getman
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) 1876 (Day) (Year)

8. AGE: Years 71 Months ? Days ? If less than one day hr. min.

9. Birthplace New York (City, town, or county) New York (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Pete Getman
13. Birthplace (City, town, or county) Germany (State or foreign country) 11
MOTHER
14. Maiden name Emilly Jenkins
15. Birthplace New York (City, town, or county) New York (State or foreign country) 1
16. (a) Informant Steve Getman
(b) Address Walnut Shade, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Shade, Mo.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 8-25-48 (Date received local registrar) (b) W.E. Handley MD (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19
year 1948 hour 11 minute 45a. M.

21. I hereby certify that I attended the deceased from August 18 1948 to August 19 1948
that I last saw him alive on Aug 19 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis acute	24 hrs
Due to: Strangulated hernia inguinal	30 hrs
Due to: Hernia inguinal	30 yrs
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 Robert Glynn (M. D. or other) MD
Address Springfield Date signed 8/19/48

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply witb the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.