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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 30 1948
Dr. Shull

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35998
Registrar's No. 263

Registration District No. 77

Primary Registration District No. 3016

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
In this community 35 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1104 East Dunklin Street 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nolan C. Wrightsman
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 24th
year 1948 hour 10 minute 16 A.M.
21. I hereby certify that I attended the deceased from Nov. 12, 1948, to Nov. 24, 1948,
that I last saw him alive on Nov. 24, 1948,
and that death occurred on the date and hour stated above.

4. Sex Male (M) 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Imogene Mills Wrightsman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 12 1895
(Month) (Day) (Year)

Immediate cause of death
Multiple petechial hemorrhages of brain
Duration 12 hrs.

8. AGE: Years 53 Months 1 Days 12
If less than one day hr. min.

Due to Severe toxæmia 10 days
Due to Acute hemorrhagic pancreatitis 12 days

9. Birthplace Springfield, Missouri (M)
(City, town, or county) (State or foreign country)
10. Usual occupation Auditor State Highway Dep

Other conditions (Include pregnancy within 3 months of death)
830

11. Industry or business
12. Name Robert Wrightsman
13. Birthplace Va
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Cloud
15. Birthplace Springfield, Missouri 0
(City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy Marked hemorrhagic pancreatitis
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Virginia Burr
(b) Address Corpus Christi, Texas
17. (a) Burial (b) Date thereof Nov-27-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Hannibal, Missouri
18. (a) Signature of funeral director R. P. Harris
(b) Address Jefferson City, Missouri
19. (a) 11-27-48 (b) R. P. Harris, M.D.
(Date received local registrar) (Registrar's signature)
0 (Licensed Embalmer's Statement on Reverse Side)

While at work? (Specify type of place) (c) Means of injury
23. Signature M. Donald Shull (M. D. or other) M.D.
Address 229th E. High St. Jefferson City, Missouri Date signed Nov 25, 48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 29 1948

JAN 3 1949

JAN 3 1 1949

DEC 2 1948

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 *Joseph J. Gordon*

Licensed Embalmer No. 1786

P. O. Address: *Jefferson City, 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.