

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

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4-41"
7-39
X-20

FILED OCT 16 1941

Registration District No. 713

Primary Registration District No. 5980

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural Orrick, Twonship
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2 1/2 miles north of Orrick, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 47 yr 2 mn 17 dys. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3 1/2 miles north of Orrick, Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nellie Jane Williams

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8
year 1941 hour 12 minute 45 a.m.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred Williams

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased june 21 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 1941 to Sept. 8, 1941
that I last saw her alive on Sept. 8, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of gall bladder & metastasized

Duration about 8 mos.

8. AGE: Years Months Days If less than one day
47 2 17 hr. min.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) None

9. Birthplace Ray County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

Major findings: Carcinoma of gall bladder with complete biliary obstruction

Of operations.....

Of autopsy None

PHYSICIAN None
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Williamson Stevinson

13. Birthplace Lone Jack Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Williams

15. Birthplace Ray County Mo.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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?

16. (a) Informant Fred Williams

(b) Address Orrick, R.F.D. 2 Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/41
(Month) (Day) (Year)

(c) Place: burial or cremation South Point Cemetery

18. (a) Signature of funeral director Gibson & Son

(b) Address Orrick, Mo.

19. (a) 9/9/41 (Date received local registrar)

(b) [Signature] (Registrar's signature)

23. Signature [Signature] (M. D. or other) MD

Address Orrick, Missouri Date signed 9/8/41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-14-41

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.....

E. L. Libson

Licensed Embalmer No..... 4137

P. O. Address..... Orrick, 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.