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FILED OCT 16 1941

Registration District No. 743

Primary Registration District No. 245 5970

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:  
3 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

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)

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

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

10. Usual occupation Housewife

11. Industry or business Home

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)

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)

MEDICAL CERTIFICATION

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

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.

Due to .....

Due to .....

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

Major findings: Carcinoma of gall bladder with complete biliary obstruction PHYSICIAN  
Of operations None Underline the cause to which death should be charged statistically.  
Of autopsy None

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other) MD  
Address Orrick, Missouri Date signed 8/8/41

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

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. Gibson*

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.**