

FILED JAN 20 1942

Registration District No. 133-

Primary Registration District No. 5190

Registrar's No. 1817

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Rural, Moss Creek Twp
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 76 years (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? X (Yes or No) _____
If yes, name country X

3. (a) PRINT FULL NAME Nelson Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Lucy Austin Williams 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased 11 14 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Heber Williams

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Hayes

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nelson Williams

(b) Address Morborne Mo.

17. (a) Rural (b) Date thereof 12-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Williams Cem

18. (a) Signature of funeral director Stacy

(b) Address Carrollton Mo.

19. (a) 12-31-41 (b) Mrs. James R. Ricketts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 29 day -
year 1941 hour 3:10 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec 24
1941 to Dec 29 1941
that I last saw him alive on Dec 29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Myocardial infarction
distention of heart
Due to Thrombosis

Other conditions _____
(Include pregnancy within 3 months of death) 9523

Major findings: No fixation
Of operations _____
Of autopsy None

Duration

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?

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

23. Signature R. F. Cook M.D. (M. D. or other) _____
Address Carrollton Mo. Date signed 12-30-41

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

17
0
0

1053

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-16-42

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 _____

Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address *Carrollton*

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.