No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 10309

Registration District No. 136 Primary Registration District No. 5194 Registrar's No.

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

700

**1. PLACE OF DEATH**

(a) County Carroll

(b) ~~City or town~~ "Rural" DeWitt Twp.
(If outside city or town limits, write "RURAL" and name of township)

(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 1 (Specify whether

In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Carroll

(c) City or town "Rural" 17
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ruth M. Audsley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Frank Audsley

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

7. Birth date of deceased Jan (Month) 4 (Day) 1863 (Year)

8. AGE: Years 78 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Carroll Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Walter Squires
13. Birthplace (City, town, or county) Ry. 1 (State or foreign country)

MOTHER
14. Maiden name Frances Hancock
15. Birthplace (City, town, or county) 9 Unknown (State or foreign country)

16. (a) Informant Walter Audsley
(b) Address DeWitt, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Park Cem.

18. (a) Signature of funeral director Standley
(b) Address Carrollton Mo.

19. (a) March 4, 1941 (Date received local registrar) (b) Alta Henderson (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar. day 1st year 1941 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 1936 to Mar 1, 1941 that I last saw her alive on Feb 26, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Carcinoma of Kidney

Due to

Other conditions (Include pregnancy within 3 months of death) 57 N

Major findings:
Of operations

Of autopsy

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

23. Signature [illegible] (M. D. or other)
Address Bosworth Mo. Date signed Mar 3/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-8-41

## 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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton Ga

**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, above space should be left blank.**