

7. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X3667

**FILED** MAY 6 1946  
Registration District No. **149**

Primary Registration District No. **1002**

11925  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **J.C.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**TRINITY Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **JACKSON**

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME **Ida Laura Audsley**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **Joseph Edward Audsley**

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

7. Birth date of deceased **Apr 6 1972**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>74</b>	<b>0</b>	<b>15</b>	hr. _____ min.

9. Birthplace **Carroll Co. MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **HENRY HUFFMAN**

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

14. Maiden name **UNKNOWN Miles**

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

16. (a) Informant **Ira Audsley**

(b) Address **Hickman Mills, MO**

17. (a) **BURIAL** (b) Date thereof **Apr 24, 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **De Witt, MO**

18. (a) Signature of funeral director **E. K. George & Sons**

(b) Address **Branford, MO**

19. (a) **4-23-46** (b) **Sheraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **21**  
year **1946** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Jan 1946** to **21 Apr 1946**  
that I last saw her alive on **21 Apr 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Art. Scler. Heart Disease** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Amylase - 48 hrs.**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **938**

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)

(c) Means of injury \_\_\_\_\_

23. Signature **Robert M. Myer** (M. D. or other) **M.D.**

Address **1025 Quail Blv** Date signed **22 Apr**

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**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.....

*A. K. George*

Licensed Embalmer No.....

*3645*

P. O. Address.....

*Grandview, 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.**