

FILED JUN 29 1944
Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2495

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community as above 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 54
(c) City or town Concordia 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X 1

3. (a) PRINT FULL NAME William Elmer Audsley
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 12th
year 1944 hour 6:45 minute P. M.
21. I hereby certify that I attended the deceased from 6 8 44
6 12 1944 19 44
that I last saw him alive on 6 12 1944
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Audsley
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased February 10 1879
(Month) (Day) (Year)

Immediate cause of death Chronic Hypertension
repressed
Due to Cardiac Hypertrophy
secondary suppression
Other conditions (Include pregnancy within 3 months of death)
Major findings: 1318
Of operations no
Of autopsy no
Duration 184

8. AGE: Years Months Days If less than one day
65 4 2 0 hr. min.
9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

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?
(Specify type of place)
While at work (e) Means of injury
23. Signature T. E. Brown (M. D. or other)
Address 730 Prof Bldg Date signed 6-13-44

11. Industry or business Farm
12. Name William A. Audsley
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Mary Robinson
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Roy Audsley
(b) Address 2515 Spruce, Kansas City, Mo.
17. (a) Removal (b) Date thereof 6-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DeWitt, Missouri
18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 6-13-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Dr. C. C. Conover

Prof. Blagg

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.....

working under my personal supervision.

Signed.....

Registered Apprentice No.

Licensed Embalmer No. 1415

P. O. Address W. P. W.

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.