

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution:
1306 East 14th St., 3rd Fl.
(d) Length of stay: In hospital or institution **23 years**
In this community **23 years**

3. (a) PRINT FULL NAME **Mary L. Trigg**
8. (b) If veteran, name war **No.**
8. (c) Social Security No. **None**

4. Sex **Fe**
5. Color or race **Col.**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Albert Trigg**
6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **June 14 1882**

8. AGE: Years **56** Months **5** Days **8**
If less than one day **hr. min.**

9. Birthplace **Arkansas**

10. Usual occupation **At Home**

11. Industry or business
12. Name **Littleton Moore**
13. Birthplace **Ark.**
14. Maiden name **Susanna Hayes**
15. Birthplace **Tenn.**

16. (a) Informant's own signature **Albert Trigg**
(b) Address **1306 East 14th**

17. (a) **Burial** (b) Date thereof **11-27-1939**
(c) Place: burial or cremation **Highland**

18. (a) Signature of funeral director **Watkins Bros.**
(b) Address **1729 Lydia**

19. (a) **Nov. 27, 1939** (b) **M. M. Grome**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **1306 East 14th, 3rd Fl.**
(e) If foreign born, how long in U. S. A. **years.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **22nd** day **November**
year **1939** hour **11:59** minute **PM**

21. I hereby certify that I attended the deceased from **Nov. 18**
1939, to **Nov 22**, 19**39**
that I last saw **her** alive on **Nov. 22**, 19**39**
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**
Duration

Due to **Cerebral Hemorrhage**

Due to **82**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy

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)
(a) Signature **J. P. Brown** (M. D. or other)
Address **1705 E 12** Date signed **Nov 27 1939**

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

J. Jerome Monahan

Licensed Embalmer No. *3994*

P. O. Address *1729 Sylvia*

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.