

FILED JAN 31 1948

Registration District No. **47**

Primary Registration District No. **1002**

1. PLACE OF DEATH: Jackson
(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: Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours
(Specify whether
In this community 1 years
years, months or days)

3. (a) PRINT FULL NAME: DOCIA TRIGG FDWLER
(b) If veteran, name war No
(c) Social Security No. None

4. Sex Fe. / 5. Color or race White
6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife John C. Trigg
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased August 23, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 21 hr. min.

9. Birthplace Saline County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse and Homemaker

11. Industry or business Private Nurse

12. Name Christopher J. Fitzsimmons

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

14. Maiden name Docia F. Trigg

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

16. (a) Informant Mrs. M. F. Albin

(b) Address Des Moines, Iowa

17. (a) Removal (b) Date thereof 1/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Mo.

18. (c) Signature of funeral director C. H. Blackman & Son

(b) Address Kansas City, Mo.

19. (a) 1-15-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1139 Benton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14
year 1946 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan. 12, 1946 to Jan. 14, 1946
that I last saw her alive on Jan. 14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion
Duration: 1 day
Due to: Essential Hypertension 2 yrs

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: g4a

Of autopsy

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?

22C While at work? (Specify type of place) Means of injury

23. Signature: [Signature] (M. D. or other) D.O.

Address: 5902 St. John Date signed 1/14/46

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

MOTHER FATHER

Dr. Poccik

FEB 7 1949

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 H. D. Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. 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.