No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1380

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 424

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: GENERAL HOSPITAL NO. 2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community 20 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5701 ST. JOHN 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME CARL TRIGG

3. (b) If veteran, name war no

3. (c) Social Security No. yes-Unknown

4. Sex MALE 2

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WILLANER TRIGG

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased MAY (Month) 12, (Day) ~~1888~~ 1889 (Year)

8. AGE: Years 57 Months 8 Days 14 If less than one day hr. min.

9. Birthplace MARSHALL (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation JANITOR

11. Industry or business

FATHER
12. Name JOHN TRIGG
13. Birthplace MARSHALL (City, town, or county) MISSOURI (State or foreign country) 0

MOTHER
14. Maiden name FLORENCE SIMPSON
15. Birthplace MARSHALL (City, town, or county) MISSOURI (State or foreign country) 0

16. (a) Informant Willaner Trigg
(b) Address 5701 St. John

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-'47 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn K.C. Kans.

18. (a) Signature of funeral director Mrs. J. W. Jones
(b) Address 440 State Ave. K.C. Kans.

19. (a) 1-28-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 26, year 1947 hour 7: minute 00 A. M.

21. I hereby certify that I attended the deceased from JANUARY 25, 1947, to JANUARY 26, 1947; that I last saw him alive on JANUARY 26, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE CARDIAC FAILURE — Duration

Due to LUETIC TYPE OF HEART DISEASE

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 30 Pm

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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) M.D.
Address GENERAL HOSPITAL NO. 2 Date signed 1/27/47

(Licensed Embalmer's Statement on Reverse Side)

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 Eugene Englisl

Licensed Embalmer No. 4605

P. O. Address 440 State ave. K.

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.