

FILED MAY 8 1947

Registration District No. **217**Primary Registration District No. **3045**Registrar's No. **50**

1. PLACE OF DEATH:

(a) County Mississippi
 (b) City or town Charleston
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
501 W. Cleveland St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
60 Years (Specify whether
 In this community..... years, months or days)

3. (a) PRINT FULL NAME Nancy Ellen Trigg

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Single6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive..... years7. Birth date of deceased July 19, 1856
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
90 9 3 hr. min.9. Birthplace Larue, Mississippi
(City, town, or county) (State or foreign country)10. Usual occupation Housekeeper11. Industry or business None12. Name John Trigg13. Birthplace Mississippi
(City, town, or county) (State or foreign country)14. Maiden name Mary E. (Unknown)15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant E. E. Oliver(b) Address Charleston, Missouri.17. (a) Burial (b) Date thereof 4-23-1947
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Charleston, Missouri
F.O.O.F. Cemetery(e) Signature of funeral director John Trigg(b) Address Charleston, Missouri.19. (a) 4-30-47 (b) Mrs. John Bondurant
(Date received local registrar) (Registrar's signature) 1947

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
Charleston
 (c) City or town..... (If outside city or town limits, write "RURAL")
 (d) Street No. 501 W. Cleveland St.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd
year 1947 hour 3:00 minute..... A.M.21. I hereby certify that I attended the deceased from
Apr 4 47 to Apr 22 1947
that I last saw him alive on Apr 22 1947
and that death occurred on the date and hour stated above.Immediate cause of death..... Duration
Cerebral Hemorrhage 1 daDue to Arterio sclerosisDue to Senility

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

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) Means of injury.....

23. Signature E. E. Oliver (M. D. or other)Address Charleston Mo Date signed 4/25/47

RECEIVED
District Health Office No. 2,
District File Number 547-671
Date Filed 5-5-47

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 *John F. Munnell Jr*
Licensed Embalmer No. 3851
P.O. Address Charleston, 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.