

FILED DEC 7 1942
Registration District No. 1749

Primary Registration District No. 1005 Registrar's No. 4280

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

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:
Kansas City Convalescent Home-3200 Norledge
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Weeks
 (Specify whether
 In this community 35 Years
 years, months or days)

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. 2307 East 81st Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country --

3. (a) PRINT FULL NAME Mr. John O. Trigg
 (b) If veteran, name war No
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 18th
 year 1942 hour 1 minute 55 A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Mrs. Nettie Trigg
 (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased: September 8 1866
 (Month) (Day) (Year)

21. I hereby certify that John O. Trigg died on November 18, 1942 at 1:55 A.M.
 that I last saw him alive on November 17, 1942 and that death occurred on the 18th day and hour stated above.

8. AGE: Years 76 Months 2 Days 8
 If less than one day hr. min.

Immediate cause of death Arterial sclerosis
Arterial aneurysm of aorta
 Due to 830
 Due to 830

9. Birthplace St. Clair County Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Laborer - Retired

Other conditions (Include pregnancy within 3 months of death)
 Major findings of operations
 Of autopsy See above

11. Industry or business Southwestern Bell Telephone Co
 12. Name Reson Trigg
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Nancy Parks
 15. Birthplace Henry County Missouri
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Nettie Trigg
 (b) Address 2307 East 81st Street
 17. (a) Burial (b) Date thereof Nov. 18, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial Memorial Park Cemetery

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?

18. (a) Signature of funeral director D.N. Newcomer's Sons
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 11-17-42 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

23. Signature John O. Trigg (Specify type of place) 3
 While at work (e) Means of injury
 Address See above Date signed 11/16/42

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 C Newcomb Jr

Licensed Embalmer No.

7043

P. O. Address

H C Newcomb Jr

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.