S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 9 1947
Registration District No. 1597

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27503
State File No.

Primary Registration District No. 3023

Registrar's No. 189

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Henry Memorial Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks. (Specify whether In this community years, months or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Johnson 51
(c) City or town Route 6 (If outside city or town limits, write "RURAL") 0
(d) Street No. 2½ W. + 1 mile S. of Cornelia Mo. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME Eliza J. Craig
3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Fe 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Lee Craig | 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 2 (Month) — 11 (Day) — 1872 (Year)

8. AGE: Years 75 | Months 6 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Blairstown (City, town, or county) Mo. U (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —

FATHER
12. Name John Emery 4
13. Birthplace Unknown 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sara Jane Mannon
15. Birthplace Unknown 4 (City, town, or county) (State or foreign country)

16. (a) Informant John W. Craig
(b) Address Rt 6 Clinton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg Mo.
18. (a) Signature of funeral director Tom Blackburn
(b) Address Clinton Mo.
19. (a) 9-6-47 (Date received local registrar) (b) R. R. Ramey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 4
year 1947 hour 5 minute 20 A.M.
21. I hereby certify that I attended the deceased from 8/30 19 47 to 9/4 19 47
that I last saw h.e.r. alive on 8/31 19 47
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 63A	
Of autopsy	

PHYSICIAN
Underline the cause of 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)
While at work? (e) Means of injury
23. Signature Ed. C. Keelor M.D. (M. D. or other)
Address Clinton Mo. Date signed 9/4/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 6 1947
District Health Officer No. 7,
District File Number 8-47-1056
Date Filed 9-8-47

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 Francis Lee Schuber, Registered Apprentice No. 464, working under my personal supervision.

Signed Fred Wilkinson

Licensed Embalmer No. 2448

P. O. Address Clinton 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.