-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 35073

FILED NOV 8 1947

Registration District No. 2[illegible]

Primary Registration District No. 3044

Registrar's No. 55

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 614 So Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether
In this community 67 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller 66
(c) City or town Eldon
(If outside city or town limits, write "RURAL")
(d) Street No. 614 So- Walnut
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME Margaret- Craig-
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widowed
6. (b) Name of husband or ~~wife~~ William- Craig-
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Jan (Month) 10 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	9	20	— hr. — min.

9. Birthplace unknown (City, town, or county) Ohio (State or foreign country)
10. Usual occupation House wife
11. Industry or business Home

FATHER
12. Name Isaac- Crum-
13. Birthplace unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Margaret- Canterberry
15. Birthplace unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Walter- Craig
(b) Address Eldon - Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Dooley- Cem.
18. (a) Signature of funeral director Keith McKays
(b) Address Eldon Mo
19. (a) 11-1-47 (Date received local registrar) (b) Alverretta Waltz (Registrar's signature) 1920

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 year 1947 hour 4 minute 17 A M.

21. I hereby certify that I attended the deceased from Aug 27 1947, to Oct. 29 1947 that I last saw him alive on Oct. 29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia (unresolved) — Duration 2 Mo.

Due to

Due to

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

Major findings:
Of operations
Of autopsy 108

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 2

23. Signature Robt. E. Murrell (M.D. or other) D.O.
Address Eldon Mo Date signed 10/31/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed NOV 7 1941

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 Keith M. Kayd.

Licensed Embalmer No. 3988

P. O. Address Eldon 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.