FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1948

Registration District No. 87

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4565

State File No. 22654

Registrar's No.

1. PLACE OF DEATH:
(a) County Crawford BOONE
(b) City or town Sullivan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Crawford 28
(c) City or town Sullivan 8
(If outside city or town limits, write "RURAL")
(d) Street No. XX
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Teney Craig
3. (b) If veteran, name war XX
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James A. Craig
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased October (Month) 4 (Day) 1881 (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	8	25	hr. min.

9. Birthplace Troy (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home

FATHER
12. Name William Reeder
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant James A. Craig
(b) Address Sullivan, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Sullivan, Mo.
18. (a) Signature of funeral director Thos. P. Shaffer
(b) Address Sullivan, Mo.
19. (a) 6/30/48 (Date received local registrar) (b) E E Long (Registrar's signature) 70

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6-29, 1948, to 6-29, 1948;
that I last saw her alive on 6-29, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of the liver	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 0

23. Signature C A Prastar (M. D. or other)
Address Sullivan - Mo Date signed 6/30/48

Jefferson City Printing Co.

(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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address Sullivan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.