

REC'D JUN 21 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18742  
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 14  
(b) Township Windsor Primary Registration District No. 4211  
(c) City Windsor (d) Street No. 12  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Elizabeth Crum Proffitt

(a) Residence, No. 613 St. Windsor, Missouri  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1850  
7. AGE YEARS 88 MONTHS 6 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Ashland  
(STATE OR COUNTRY) Missouri

13. NAME David Crum  
14. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY) unknown

17. INFORMANT Tom Proffitt  
(ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Windsor, Mo. DATE May 14, 1939

19. FUNERAL DIRECTOR (NAME) Huston Turner  
(ADDRESS) Windsor, Missouri

20. FILE May 14, 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1939 to May 13, 1939  
I last saw him alive on May 12, 1939. Death is said to have occurred on the date stated above, at 7:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Myocardial Infarction  
Date of onset 4/2/39

Other contributory causes of importance:

Name of operation None Date of None  
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None  
(Signed) John H. Turner M. D.  
(Address) Windsor, Missouri

RECEIVED

District Health Officer No. 7

District File Number 7-35-523

Date Filed 6-12-39

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

*Edw. M. Hurst*

Licensed Embalmer No. 3391

P. O. Address Windsor, 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, above space should be left blank.