N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC'D MAR 17 1939

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

7098
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston — Registration District No. 508
(b) Township — Primary Registration District No. 3026 — Registered No. 20
(c) City Chillicothe — (d) Street No. 1424 Calhoun St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 David Rife Crumpacker
(a) Residence, No. 1424 Calhoun St.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Edith Crumpacker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1859
7. AGE: Years 79 — Months 7 — Days 4 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) Livingston County Missouri

FATHER
13. NAME J. Crumpacker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

MOTHER
15. MAIDEN NAME Liba Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Archie Crumpacker
(ADDRESS) Chillicothe, Mo. R. F. D.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Pleasant DATE 2-22 1939
19. FUNERAL DIRECTOR (NAME) Frank B. Norman
(ADDRESS) Chillicothe, Missouri
20. FILED 2-27 1939 Donald M. Dowell, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 21, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1939 to Feb. 21 1939
I last saw him alive on Feb. 19 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis 1939
93C

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...
(Signed) Elbert Collier, M. D.
(Address) Chillicothe Mo

(Licensed Embalmer's Statement on Reverse Side)

R[illegible]
District Health Officer No. 11
District File Number 39-12
Date Filed 3-7-39

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, Elton F. Norman and E. R. Norman (2374) or by

Registered Apprentice No....., working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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

If this body is not embalmed, above space should be left blank.