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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Schmidt  
31168

State File No. \_\_\_\_\_

FILED OCT 11 1943

Registration District No. 333

Primary Registration District No. 2006

Registrar's No. 233

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Noyes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days  
In this community 63 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 310 Duncan St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BESSIE LEE REID

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 Married

6. (b) Name of husband or wife C.B. Reid 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 12 - 16 - 1889  
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Martin Caruthers

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Pigg

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant C.B. Reid

(b) Address 310 Duncan St., Columbia, Mo.

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof 9-30-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Shipping Springs

18. (a) Signature of funeral director Parker Funeral Service  
(b) Address Columbia, Mo.

19. (a) 9-28-1943 (b) E. Colna H. Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26  
year 1943 hour 1:05 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Sept 22, 1943, to Sept 26, 1943 that I last saw her alive on Sept 26, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac & renal failure / 1 w/c.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy cellulitis face & ears, infarction, thrombosis

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
Signature Edwin C. Schmidt (M. D. or other) \_\_\_\_\_  
Address Columbia Mo Date signed 9/29/43

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

**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 *W. S. Whitehead*  
Licensed Embalmer No. *3893*  
P. O. Address *Calumet, Ill.*

**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.**