

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17948

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 70

## 1. PLACE OF DEATH:

(a) County Grundy  
 (b) City or town Trenton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2013 Oak St  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 87 years (Specify whether  
 In this community 87 years years, months or days)

3. (a) PRINT FULL NAME Ediz Ellen Reid3. (b) If veteran. — name war. 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 H Reid 6. (c) Age of husband or wife if alive. — years  
 7. Birth date of deceased Nov 26 1861  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 5 21 hr. — min.

9. Birthplace Meru County Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Homemaker11. Industry or business Home12. Name Dugh Hectorom13. Birthplace Indiana Tennessee  
(City, town, or county) (State or foreign country)14. Maiden name Mary P. Goodrick15. Birthplace Indiana Tenn  
(City, town, or county) (State or foreign country)16. (a) Informant Harold Reid(b) Address Trenton, Missouri17. (a) Burial (b) Date thereof 5-18-43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Harris Co, Harris Mo18. (a) Signature of funeral director David James Reid(b) Address Trenton, Missouri19. (a) 5-18-43 (b) L. Roberts  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy  
 (c) City or town Trenton  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2013 Oak St  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country —

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
year 1943 hour 8:55 minute P M.21. I hereby certify that I attended the deceased from As Coroner on 5-17-1943  
that I last saw him — alive on —, 19—;  
and that death occurred on the date and hour stated above.Immediate cause of death Coronary OcclusionDue to ArteriosclerosisDue to SenilityOther conditions gpa  
(Include pregnancy within 3 months of death)Major findings:  
Of operations —Of autopsy —

## 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 —23. Signature Wanda Susan (M. D. or other) MD  
Address Trenton Mo Date signed 5-18-43

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

MOTHER FATHER

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**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 *Rayne A. Davis*.....

Licensed Embalmer No. *3424*.....

P. O. Address *Drexler, 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.**