

No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15205

State File No. ....

FILED MAY 12 1942

Registration District No. 677

Primary Registration District No. 4402

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Newburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81  
(c) City or town Newburg 1  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 13 years.

3. (a) PRINT FULL NAME Minnie Ann Gussey

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Oscar Gussey 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Apr 14 1882  
(Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 21 If less than one day hr. .... min.

9. Birthplace Phelps County, MO  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

MOTHER FATHER  
12. Name John Light  
13. Birthplace Phelps County, MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Walker  
15. Birthplace Phelps County, MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Gussey  
(b) Address Newburg, MO

17. (a) Burial (b) Date thereof Apr 18 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Phelps

18. (a) Signature of funeral director W. J. ...  
(b) Address Newburg, MO

19. (a) 4/20/42 (b) A. Blawie  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 16  
year 1942 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 20  
1941 to April 16, 1942.  
that I last saw her alive on April 16, 1942.  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial  
Insufficiency

Due to Myocardial disease 8 years

Due to General anasarca 6 months

Other conditions Chronic interstitial  
(Include pregnancy within 7 months of death) nephritis

Major findings:  
Of operations 13/a  
Of autopsy

Duration 10 years  
8 years  
6 months  
PHYSICIAN  
Underline the cause to 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? 1

While at work? (Specify type of place) 1  
(a) Means of injury 1

23. Signature Richard P. ... (Name or other) DR.  
Address Newburg, MO Date signed April 17 1942

(Licensed Embalmer's Statement on Reverse Side)

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

81  
1  
0

1012

**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.....

*Lee Johnson*

Licensed Embalmer No. 3392

P. O. Address Newburg 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.**