FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 17 1948

Registration District No. 19

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5667

State File No. 20949

Registrar's No. 32

1. PLACE OF DEATH:
(a) County: Lincoln
(b) City or town: Rural Bedford Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lincoln 57
(c) City or town: Rural Bedford Twp. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Gussie Matthews
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: George Matthews
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March (Month) 13 (Day) 1898 (Year)

8. AGE: Years 50 | Months 2 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace: Lincoln Co (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation: Housewife
11. Industry or business: Own Home
FATHER
12. Name: Charlie Clark /
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name: Chaney Ross
15. Birthplace: Lincoln Co (City, town, or county) Missouri. (State or foreign country) 0
16. (a) Informant: George Matthews (Husband)
(b) Address: Troy, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Troy Cemetery Troy, Mo.
18. (a) Signature of funeral director: Kemper Funeral Home
(b) Address: Troy, Missouri
19. (a) June 8th 1948 (Date received local registrar) (b) Emma B. Riddle (Registrar's signature) 16

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1948 hour 11 minute 55 A. M.

21. I hereby certify that I attended the deceased ~~from~~ on June 5, 1948, to ....., 19.....; that I last saw her alive on June 5, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis + myocardial degeneration	—
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 93D	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place) 0
While at work? ..... (e) Means of injury .....

23. Signature: J. L. Hoeger (M. D. or other) M.D.
Address: Whitewater Mo. Date signed 6/5/1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 15 1948

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

Signed.....

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.