S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34711

Registration District No. 198 Primary Registration District No. 5720 Registrar's No. 63

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Liberty 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) 1

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Martha Olive Peyton

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 Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jany 20 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace " " a
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza McClaskey
15. Birthplace Dont Know a
(City, town, or county) (State or foreign country)

16. (a) Informant B T Peyton
(b) Address R R Callao Mo

17. (a) burial (b) Date thereof Oct 15 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Enon Cem

18. (a) Signature of funeral director Albert Skinner
(b) Address Macon Mo

19. (a) 10-21-44 (b) Winnie J. Rowland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 13
year 1944 hour 9 minute A M.

21. I hereby certify that I attended the deceased from —
—, 19..., to —, 19...;
that I last saw h— alive on —, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myo-Carditis

Due to Found dead in bed

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 10-13-44

(c) Where did injury occur? Callao Macon Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
found dead in bed
(Specify type of place)

While at work? at sleep (e) Means of injury —

23. Signature H. G. Edwards Coroner (M. D. or other)

Address Bevier Mo Date signed 10/18/44

1289

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-44-1860
Date Filed NOV 10 1944

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 Albert Skinner

Licensed Embalmer No. 751

P. O. Address Macon 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.