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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 5925

Registration District No. 97 Primary Registration District No. 3016 Registrar's No. 34

**1. PLACE OF DEATH:**

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
126 A E. Dunklin.
(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 15yrs

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cole

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

(d) Street No. 126 A. E. Dunklin.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank D. Peyton

3. (b) If veteran, name war no

3. (c) Social Security No. 702-10-2070

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased February 7 1894 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 51 | 0 | 3 | hr. min. |

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

10. Usual occupation Railroader

11. Industry or business

MOTHER FATHER

12. Name Horace E. Peyton

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

14. Maiden name Maud Taylor.

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

16. (a) Informant Mrs Larura Peyton

(b) Address Jefferson City, Mo.

17. (a) Removal&Burial (Burial, cremation, or removal) (b) Date thereof 2/12/45 (Month) (Day) (Year)

(c) Place: burial or cremation Pinckney Cem.

18. (a) Signature of funeral director Victor Buescher

(b) Address Jefferson City, Mo.

19. (a) 2-12-45 (Date received local registrar) (b) Thurma Richter (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 9 day year 1945 hour 6.45 minute a. M.

21. I hereby certify that I attended the deceased from Did not attend PT before death, 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

Due to Coronary Occlusion

Due to Chronic Myo Carditis

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

(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)

While at work? (e) Means of injury

23. Signature Wm. V. McKinney (M. D. or other)

Address Jefferson City, Mo. Date signed 2-12-45

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1945

MAY 7 1945

## 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.

MAY 7 1945

APR 24 1945

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.**