. No. 2
—1-4-41
5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1969

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25632

Registration District No. 566 Primary Registration District No. 5762 Registrar's No. 86

1. PLACE OF DEATH:
(a) County MISSISSIPPI Township 7
(b) City or town CHARLESTON 1 - RURAL 11
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD #1 1
(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 11 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MISSISSIPPI
(c) City or town CHARLESTON - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME MACKFIELD WILLETT PEYTON
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS RUBY PEYTON
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased NOVEMBER 25, 1865 (Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace MEADE COUNTY, KENTUCKY (City, town, or county) (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FARMING
FATHER
12. Name JOE ALLEN PEYTON
13. Birthplace — KENTUCKY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name SALLIE WILLETT
15. Birthplace — KENTUCKY (City, town, or county) (State or foreign country)
16. (a) Informant FRANK PEYTON
(b) Address CHARLESTON, MO RH1
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE - CHARLESTON, MO
18. (a) Signature of funeral director LAIR - NUNNELEE
(b) Address CHARLESTON, MO
19. (a) 7-27-41 (Date received local registrar) (b) F A Venn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 23 year 1941 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 7, 1941 to July 23 1941 that I last saw him alive on July 23 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	
Due to: Carcinoma of liver	2 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death): 467	

Major findings:
Of operations
Of autopsy

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 William L. Davis (M. D. or other) MD
Address Charleston, Mo Date signed 7-24-41

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 841-1084
Date 8-12-41

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 John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston 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.