

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

1 X 1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED APR 26 1948

Registration District No. 128

State File No. 12122

Primary Registration District No. 4195

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Sentry Co
(b) City or town Sentry
(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 _____ (Specify whether)
In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME Mary Kier Peyton

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife A. S. Peyton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 2, 1857
(Month) (Day) (Year)

8. AGE: Years 91 Months 2 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Sentry Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation At home

MOTHER FATHER

11. Industry or business _____
12. Name Andrew Kier
13. Birthplace W. Va. Penn 1
(City, town, or county) (State or foreign country)
14. Maiden name Elyzabeth Ann Varby
15. Birthplace W. Va. Penn 1
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Family Record

(b) Address _____

17. (a) Burial (b) Date thereof 4/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves

18. (a) Signature of funeral director W. H. Albright
(b) Address 11 Albany Mo.

19. (a) April 16-48 (b) Harriet M. DeKoster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Sentry
(c) City or town Sentry
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day Seventh
year 1948 hour _____ minute 10 A. M.

21. I hereby certify that I attended the deceased from Jan 12, 1948, to April 7, 1948
(that I last saw her alive on April 6, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Breast Duration don't know

Due to _____
Due to Senility

Other conditions (Include pregnancy within 3 months of death) B

Major findings: Of operations 52
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? _____
While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature W. H. Albright (M. D. or other)
Address Albany Mo Date signed 4/16

DEC 8 1942

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Signed C. Clifford Brooks
Licensed Embalmer No. 3329
P. O. Address Albany 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, above space should be left blank.