

FILED JUN 23 1940

Registration District No. 667

Primary Registration District No. 4334

Registrar's No. 28

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

1. PLACE OF DEATH: Mississippi

(a) County: Mississippi

(b) City or town: East Prairie Mo
(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)

In this community 66 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Mississippi

(c) City or town: East Prairie Mo
(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.

3. (a) PRINT FULL NAME: ANNIE MAHON 507

8. (b) If veteran, name war: ✓ 8. (c) Social Security No. none

4. Sex: Female 5. Color or race: W 6. (a) Single, widowed, married, divorced: Married

(b) Name of husband or wife: John Barnett Mahon 6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: April 3, 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 3 If less than one day _____ min.

9. Birthplace: Mississippi, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Helping house

11. Industry or business: _____

12. Name: Warren Calhoun 18. Birthplace: Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name: Ada Mae Cross 15. Birthplace: Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant: John Barnett Mahon

(b) Address: East Prairie Mo

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: May 18-40
(Month) (Day) (Year)

(c) Place: burial or cremation: W.O.W. Davis N. Shelby

18. (a) Signature of funeral director: Davis N. Shelby
(b) Address: East Prairie Mo

19. (a) 5-17-40 (b) Hub. H. Hodge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 17th year 1940 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 15-1940 to May 17, 1940 that I last saw her alive on May 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration _____

Due to _____

Due to arterosclerosis

Other conditions: § 22
(Include pregnancy within 3 months of death)

Major findings: _____ Of operations _____

Of autopsy _____

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? 877
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature: A. J. Martens (M. D. or other) _____
Address: East Prairie Mo Date signed: 5/20/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 2

District File Number 640-1156

Date Filed 6/13/40

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

Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.