

Registration District No. **4390**

Primary Registration District No. **5864**

Registrar's No. **75**

**1. PLACE OF DEATH:**

(a) County Pemiscot  
 (b) City or town Hayt. Rural #  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME Jem Prather 63h  
 8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race Cal.  
 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Agnes Prather 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE: Years about 80 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New Albany Miss. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Day Laborer

MOTHER FATHER { 12. Name unknown 9  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
 14. Maiden name unknown 4  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Cleveland Hapson

(b) Address Hayt. Rural

17. (a) Burial (b) Date thereof 8-26-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pemiscot County Farm

18. (a) Signature of funeral director county farm adl

(b) Address Hayt. no.

19. (a) 8/26/40 (b) Deal Kelley  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pemiscot  
 (c) City or town Hayt. Rural (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 Aug. day 26  
 year 1940 hour 1 minute 15 P.M.

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

Immediate cause of death I don't know possibly a paralytic stroke  
 Due to no history of disease  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) sp. h.  
 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) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_  
 23. Signature Jack Kelley Coroner  
 Address Hayt. no. Date signed 8-26-40

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

9-40-2

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**