

FILED SEP 30 1946
Registration District No. **218**

Primary Registration District No. **4330**

Registrar's No. **108**

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:
Residence
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community **26 years** (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME **ANNIE BESSIE CONE**
 3. (b) If veteran, name war **✓**
 3. (c) Social Security No. **none**

4. **Sept 1** 5. Color or race **W**
 6. (a) Single, widow, married, divorced, **single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased **March 30, 1891**
 (Month) (Day) (Year)

8. AGE: Years **55** Months **5** Days **14** If less than one day
 hr. min.

9. Birthplace **Pierce Station Tenn.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **House Keeping**

11. Industry or business _____

12. Name **Walter Cone**

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

14. Maiden name **Annie Elizabeth Wilson**

15. Birthplace **Unknown Tenn.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mounce Stewart**
 (b) Address **East Prairie, Mo.**

17. (a) **Burial** (b) Date thereof **9-16-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Anniston, Mo.**
 18. (a) Signature of funeral director **Aravis Shelby**
 (b) Address **East Prairie, Mo.**
 19. (a) **9-20-46** (b) **Rebecca G. Harper**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (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) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Sept.** day **14**
 year **1946** hour **6:20** minute **P.** M.
 21. I hereby certify that I attended the deceased from **Sept 14**
 19**46** to **Sept 14** 19**46**
 that I last saw him alive on **Sept 14** 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Occlusion**
Arterio-Sclerosis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations **94A**
 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 **1**
 23. Signature **A. B. Martin** (M. D. or other) _____
 Address **East Prairie, Mo.** Date signed **9-20-46**

208866

OCT 30 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.

Signed..... *Harvis 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, fact should be so stated above.