

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



09510331

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

4499

1. PLACE OF BIRTH
County St. Louis Dist. No. 297 Reg. No. 107 Do Not Write Here
Voting Precinct Inside or Village
or City Jackson Miss (Hospital) Jackson Infirmary

2. Full name of child Ann Dewitt Prather
3. Female If plural births 4. Twin or triplet 5. No. In order of birth 6. Premature 7. Legitimate? 8. Date of birth 2-18-34
(Month, day, year)

FATHER
Full name Robert James Prather
10. Full P. O. Address 911 Parkside Place
11. White 12. Age at last birthday 26 (Years)
MOTHER
Full name Emmette Jeanne Conerly
18. Full maiden name Emmette
19. Full P. O. Address Same
20. White 21. Age at last birthday 28 (Years)

13. Birthplace (city or county) Webb, Miss
(State or country) 22. Birthplace (city or county) Columbia, Miss
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Co.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 5 yrs.
19 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 3 yrs.
19

27. Number of children of this mother (at time of this birth and including this child) 3 (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

28. If stillborn, * period of gestation { months { or weeks 29. Cause of stillbirth { Before labor { During Labor {
*See other side.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was Born alive 10 P.M., on the date above stated (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) J. C. Moulder, M. D.

Filed March 2, 1934 or _____, Midwife
J. W. Boudin Registrar. Address _____

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

JUN - 3 2010

Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.

WW II Draft Registration
Robert James Prather

Robert James Prather was
born 20 Mar 1907 in
Webb, MS

Gen 04 Proofs
Mark Daniel Jennings
Children American Revolution

SERIAL NUMBER	1. NAME (Print)	2521	ORDER NUMBER
1037	ROBERT JAMES PRATHER		2521
2. ADDRESS (Print) Sow Bell - Gullport, Miss. #11 T UPELO LEE Mrs. (Number and street or R. F. D. number) (Town) (County) (State)			
3. TELEPHONE	4. AGE IN YEARS	5. PLACE OF BIRTH	6. COUNTRY OF CITIZENSHIP
1361	33	Webb	U.S.
(Exchange) (Number)	DATE OF BIRTH	(Town or county) (State or county)	
	3 20 1907	Miss	
7. NAME OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS			
Mrs. R. J. PRATHER			
(Mr., Mrs., Miss) (First) (Middle) (Last)			
9. ADDRESS OF THAT PERSON			
417 Main			
(Number and street or R. F. D. number) (Town) (County) (State)			
10. EMPLOYER'S NAME			
Southern Bell Telephone Co.			
11. PLACE OF EMPLOYMENT OR BUSINESS			
Zupelo			
(Number and street or R. F. D. number) (Town) (County) (State)			
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.			
REGISTRATION CARD			
D. S. S. Form 1			
(over)			
R. J. Prather			
(Registrant's signature)			

Gen 04

Death Certificate,
Robert J. PRATHER,
MS Dept. of Health

Robert J. PRATHER, son of Robert James PRATHER,
born 20 MAR 1907, died 22 OCT 1969,
Off "Dead River", Jackson Co., MS

Gen 04 Proofs
Mark Daniel Jennings
Children American Revolution

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



09525081

LOCAL FILE
NUMBER 431

STATE OF MISSISSIPPI CERTIFICATE OF DEATH

STATE FILE
NUMBER

19649

Gen 04

Gen 05

1. MR. ROBERT J. PRATHER		2. MALE	3. OCT. 22, 1969
4. WHITE	5a. 62	5b. NO	6. MARCH 20, 1907
7a. PASCAGOULA		7b. NO	7c. PASCAGOULA RIVER PASCAGOULA, MISS.
8. MISS.	9. UNITED STATES	10. MARRIED	11. MRS. EMMETTE JEANNE C. PRATHER
12. 436-07-4627	13a. SOUTH CENTRAL BELL	13b. TELEPHONE COMPANY	14a. 1515 PARKER DRIVE
15. ROBERT JAMES PRATHER	16. MRS. LONA ANDERSON PRATHER		
17a. MRS. EMMETTE J. PRATHER		17b. 1515 PARKER DRIVE LAUREL, MISS.	
18. SUBMERSION (DROWNING)			
19. MODERATE ARTERIOSCLEROSIS, GENERALIZED			
20. OCT 22, 1969		21. OFF DEAD RIVER, JACKSON COUNTY	
22. NO		23. NO	
24. NO		25. NO	
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584. NO		585. NO	

Emmette Conerly was born 10 NOV 1905

Emmette Conerly was born May 10, 1880 at Ruth Miss Lincoln County
Stella W. Conerly was born October 6 1880 at Columbia Miss Marion Co
Ernest Edward Conerly and Stella Lee Conerly were married October 23, 1901 on Wednesday
Cecil Lloyd Conerly was born August 7th, 1902 at Ruth Miss Lincoln County
Thelma May Conerly was born March 11, 1904
Emmette Conerly was born Nov. 10, 1905
Grace Conerly was born February 5 1908 in Pike County three miles east of Summit.
Eloise Conerly was born Dec 28, 1910 on Wednesday
Susie Lee Conerly was born June 3 1913 in Pike County three miles east of Summit.
Blanche Conerly was born on Tuesday in Pike Co on May 16, 1916 3 miles from Summit, Ms
Alyce Lynn Conerly was born Jan 31, 1919 in Pike County 3 miles from Summit, Ms
Jeannette Conerly was born on Wednesday April 26, 1922 in Pike County 3 miles east of Summit
Written by the childrens mother when they were born
Stella W. Conerly

Transcription of handwritten text

E.E. Conerly was born May 10, 1880 at Ruth Miss Lincol County

Stella W. Conerly was born October 6 1880 at Columbia Miss Marion Co

Ernest Edward Conerly and Stella Lee Conerly were married October 23, 1901 on Wednesday

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Gen 04

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Jeannette Conerly was born on Wednesday April 26, 1922 in Pike County 3 miles east of Summit

Written by the childrens mother when they were born

(signed) Stella W. Conerly

STATE OF MISSISSIPPI
COUNTY OF AMITE
I HEREBY CERTIFY THE FOREGOING TO
BE A TRUE AND CORRECT COPY.
THIS THE 13 DAY OF December 19 69
CHANCERY CLERK
D. S.

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



09532837

CERTIFICATE OF DEATH

FILING DATE **MAR 06 1984**

STATE OF MISSISSIPPI

STATE FILE NUMBER **123-84-02980**

DECEASED
Gen 04

1. NAME First Middle Last EMMETTE Jeanne PRATHER	2. SEX FEMALE	3a. HOUR OF DEATH 5:00a. m.	3b. DATE OF DEATH (Month, Day, Year) FEBRUARY 28, 1984				
4. RACE (Specify White, Black, American Indian, etc.) WHITE	5a. AGE AT LAST BIRTHDAY 78 Years	5b. MOS. ONLY IF UNDER 1 YEAR	5c. DAYS ONLY IF UNDER 1 DAY	5d. HOURS ONLY IF UNDER 1 DAY	5e. MINS. ONLY IF UNDER 1 DAY	6. DATE OF BIRTH (Month, Day, Year) NOVEMBER 10, 1905	7a. COUNTY OF DEATH JONES
7b. CITY OR TOWN OF DEATH LAUREL	7c. HOSPITAL OR OTHER INSTITUTION—NAME AND NUMBER (If not in either, give street address, route number, or other location) JONES COUNTY COMMUNITY HOSPITAL 34J	7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM., OR DOA INPATIENT					
8. STATE OF BIRTH Mississippi	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name)	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO			
13. ORIGIN OR DESCENT (Specify German, Cuban, Afro-American, Mexican, etc.) American	14. SOCIAL SECURITY NUMBER 427 18 3669	15a. USUAL OCCUPATION (Kind of work done most of working life) Retired Teacher	15b. KIND OF BUSINESS OR INDUSTRY Education				
16a. RESIDENCE—STATE Mississippi	16b. COUNTY Jones	16c. CITY OR TOWN Laurel	16d. INSIDE CITY LIMITS (Specify Yes or No) Yes	16e. STREET AND NUMBER OR RJAL LOCATION 1515 Parker Drive			

17. FATHER—NAME First Middle Last Ernest Edward Conerly	18. MOTHER—NAME First Middle Maiden Stella Wilmot Lee
--	--

19a. INFORMANT—NAME (Type or print) Mrs Ann P. Jennings	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 3996 Lakewood Drive, Memphis Tenn 38128
---	---

20a. BURIAL, CREMATION, REMOVAL (Specify) Burial	20b. CEMETERY, CREMATORY—NAME Oak Hill Cemetery	20c. LOCATION (City and State) Laurel, Ms.	21a. EMBALMER—SIGNATURE AND NUMBER Ralph L Campbell
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Memory Chapel Funeral Home 34S		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P O Box 674, Laurel, Ms. 39440	

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print)	22b. PRONOUNCED DEAD (Month, Day, Year) ON	22c. PRONOUNCED DEAD (Hour) AT	m.
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23a. CERTIFIER—NAME (Type or print) JOHN HASSELL, M.D.	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 103 SOUTH 12th AVENUE, LAUREL, MS. 39440
--	--

Mississippi State Board of Health Form No. 511 Revised 6-1-82	This section to be completed by physician if NOT a coroner or medical examiner	24a. To the best of my knowledge, death occurred due to the cause stated. SIGNATURE John F. Hassell MD	This section to be completed by coroner or medical examiner ONLY	24e. On the basis of examination and/or investigation, in my opinion death occurred due to the causes stated. SIGNATURE
		24b. DATE SIGNED (Month, Day, Year)		24f. TITLE
		24c. STATE LICENSE NUMBER		24g. DATE SIGNED (Month, Day, Year)
		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		

CAUSE OF DEATH Conditions, if any, which gave rise to immediate cause stating the underlying cause last	25. PART I: IMMEDIATE CAUSE (Enter one cause only) (a) Acute Respiratory Arrest	Interval between onset and death
	(b) Acute Myocardial Infarction & Thrombosis	Interval between onset and death
	(c) Chronic Cardiovascular Disease	Interval between onset and death
	25. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (e)	

Use if death NOT due to natural causes	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED
	29e. INJURY AT WORK (Yes or No)	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	29g. LOCATION	Street or route number City or town State
	27. AUTOPSY (Yes or No)			
	28. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes or No)			

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

JUN 21 2010

Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

Marriage Certificate for R.J. PRATHER
and Emmette Jeanne Conerly,
Warren Co., MS

R.J. PRATHER and Emmette Jeanne Conerly
were married on 14 JUN 1931,
in Warren Co., MS

Gen 04 Proofs
Mark Daniel Jennings
Children American Revolution



CERTIFICATE OF MARRIAGE
State of Mississippi, Warren County

J. J. P. Lehan, Clerk of the Circuit Court of said County
and custodian of the Marriage Records thereof, do hereby certify that the said
Marriage Records show that on the 14th day of June, 1931

The Rites of Matrimony
were celebrated between

Mr. R. J. Prather, Jr. and
Mrs. Emmette Jeanne Conerly

By W. Mayfield
Minister

Given under my hand and Seal of said Court, this 14th day of June, 1931
J. J. P. Lehan Clerk *W. Mayfield* D.C.

MISSISSIPPI PTO. CO., VICKSBURG