

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **384**

Primary Registration District No. **5335'**

Registrar's No.

1. PLACE OF DEATH:

(a) County Newell

(b) "City or town" West Plains Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. L. Howell Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 hrs (Specify whether years, months or days) 7

3. (a) PRINT FULL NAME Henry Jackson Barnett

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Margaret J. Barnett

6. (c) Age of husband or wife if alive 1868 years

7. Birth date of deceased Oct 21 - 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Werk 9

13. Birthplace " 1
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Barnett

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret J. Barnett

(b) Address West Plains Mo

17. (a) Burial (b) Date thereof 9-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Kadale Cemetery

18. (a) Signature of funeral director Robertson

(b) Address West Plains Mo

19. (a) 12-19-40 (b) Vida W SIMONS
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell

(c) City or town West Plains
(If outside city or town limits, write "RURAL")

(d) Street No. R. L. H
(If rural, give location)

(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 21
year 1940 hour 1 minute 9 A.M.

21. I hereby certify that I attended the deceased from 9-19-1940 to 9-21-1940;
that I last saw him alive on 9-20-1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
left Hemiplegia

Due to Arteriosclerosis general
Chronic Nephritis

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

Duration 1936

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations 131

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? 3 U.H.
(Specify type of place) (e) Means of injury _____

23. Signature E. Claude Bohner (M. D. or other) MD
Address West Plains Mo Date signed 10-16-40

E. Claude

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 5,

District File Number 14116

Date Filed _____

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 _____

Paige D. Roberts

Licensed Embalmer No. _____

3432

P. O. Address _____

West Haven

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.