

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 12 1946** STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16501**  
Registrar's No. **51**

Registration District No. **141** Primary Registration District No. **3025**

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

1. PLACE OF DEATH:

(a) County **Howell**

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

(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Parabel Barnett Smith**

3. (b) If veteran, name war  3. (c) Social Security No.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Alvin Smith** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: **4** (Month) **22** (Day) **1892** (Year)

8. AGE: Years **74** Months **11** Days **16** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: **Howell Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Jas. Dallas Barnett** 13. Birthplace **Jennett Tennessee**

14. Maiden name **Tennessee** 15. Birthplace **Jennett Tennessee**

16. (a) Informant **Mr. Alvin Smith** (b) Address **West Plains Mo**

17. (a) **13** (b) Date thereof **4-9-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Hope**

18. (a) Signature of funeral director **Robertatus** (b) Address **West Plains Mo**

19. (a) **May 11, 1946** (b) **Madys Harrison**  
(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. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **6** year **1946** hour **1** minute **PM**

21. I hereby certify that I attended the deceased from **5/11** 19**44** to **4/6** 19**46**  
that I last saw her alive on **4/6** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Malignant hypertension** Duration **2-40**

Due to **Myocardial Infarction** **6-90**

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations **X** **928** Of autopsy **X**

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) **X**

(b) Date of occurrence **X**

(c) Where did injury occur? **X** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **X**  
(Specify type of place) (e) Means of injury **X**

23. Signature **Maurice Hanson** (M. D. or other) **Mo**  
Address **West Plains Mo** Date signed **4/10/46**

RECEIVED

District Health Officer No. 5,

District File Number

6463M9

Date Filed

6-10-46

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

*D. A. Robertson*

Licensed Embalmer No.

34327

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, fact should be so stated above.