

AUG 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25148  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Butler Registration District No. 89  
(b) Township Poplar Bluff Primary Registration District No. 3007 Registered No. 185  
(c) City Poplar Bluff, Mo. (d) Street No. Poplar Bluff Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

560 Altie Swanner  
(a) Residence, No. Puxico, Mo. Rt. 2 St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>M</b>	4. COLOR OR RACE <b>W</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>January 23, 1916</b>		
7. AGE YEARS <b>23</b>	MONTHS <b>5</b>	DAYS <b>27</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Farmer</b>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Puxico Mo</b>		
FATHER	13. NAME <b>Ed Swanner</b>	<b>0</b>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Missouri</b>	<b>0</b>
MOTHER	15. MAIDEN NAME <b>Ina Maddox</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Illinois</b>	
17. INFORMANT <b>Ed Swanner</b> (ADDRESS) <b>Puxico, Mo.</b>		
18. BURIAL, CREMATION, OR INTERMENT PLACE <b>Rock Hill</b> DATE <b>July 22, 1939</b>		
19. FUNERAL DIRECTOR (NAME) <b>Green Cray</b> (ADDRESS) <b>Poplar Bluff Mo</b>		
20. FILED <b>7/22 39</b> <b>Whitinger</b> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 20, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **7-20**, 19**39**, to **7-20**, 19**39**  
I last saw him alive on **7-20**, 19**39**. Death is said to have occurred on the date stated above, at **11:30 am**  
The principal cause of death and related causes of importance were as follows:  
**Stab wound in left chest - 9 in. deep with into cavity - Rib cage punctured 7.1.39** Date of onset

Other contributory causes of importance: **174**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **Homicide** Date of injury **7.20**, 19**39**  
Where did injury occur? **Inside Mo**  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
**Public place**  
Manner of injury **Stabbed on right**  
Nature of injury **Stab wound left chest**

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify.....  
(Signed) **A. B. Burkner**, M. D.  
**89** (Address) **Poplar Bluff Mo**

**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 Gooden W. Green  
Licensed Embalmer No. Poplar Bluff  
P. O. Address 2964

**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.**