

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13838

Registrar's No. 117

Registration District No. 43

Primary Registration District No. 2007

1. PLACE OF DEATH:

(a) County Butler  
Poplar Bluff  
(b) City or town  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
841 Vine St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri  
(a) State..... (b) County Pemiscott  
(c) City or town Caruthersville  
208 E. 1st (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

3. (a) PRINT FULL NAME Alma Jane Swanner Hale  
3. (b) If veteran, name war..... 3. (c) Social Security No.....  
20. DATE OF DEATH: Month April day 11  
year 1943 hour 1 minute 15 A. M.  
21. I hereby certify that I attended the deceased from Mar 15  
1943 to April 11, 1943  
that I last saw her or alive on April 9, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration 8 mos

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
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.....  
23. Signature Alma J. Swanner (M. D. or other)  
Address Poplar Bluff Date signed 4-11-43

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife George Augustus Hale 6. (c) Age of husband or wife if alive 85 years  
7. Birth date of deceased December 1 1861  
(Month) (Day) (Year)  
8. AGE: Years 81 Months 4 Days 10 If less than one day hr. min.  
9. Birthplace Cotton Wood Point Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife  
11. Industry or business  
12. Name Marshall Green Swanner  
13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Ann Cole  
15. Birthplace Cotton Wood Point Missouri  
(City, town, or county) (State or foreign country)  
16. (a) Informant R.L. Morris  
(b) Address 841 Vine St. Poplar Bluff, Mo.  
17. (a) Burial (b) Date thereof April 12, '43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Little Prairie Cemetery  
H.S. Smith  
18. (a) Signature of funeral director Caruthersville, Mo.  
(b) Address.....  
19. (a) 4-11-43 (b) Belle Stines  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

102  
3

FILED MAY 14 1943

RECEIVED  
District Health Office No. 2,  
District File Number 543-649  
Date Filed 5-11-43

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**