. S. No. 2
DM—5-42
v. 5-17-39
P I X32

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1943

Registration District No. 43

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3001

State File No. 13841

Registrar's No. 104

12
2
3

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 603 South 5th Street
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler
(c) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No.: 603 So. 5th Street
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Boswell C. Himmaugh
3. (b) If veteran, name war .....
3. (c) Social Security No. 487-24-9872

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, divorced: married
6. (b) Name of husband or wife: Erma Himmaugh
6. (c) Age of husband or wife if alive: 25 years
7. Birth date of deceased: June (Month) 14 (Day) 1915 (Year)

8. AGE: Years 27 | Months 9 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace: Summerville (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation: Machinist's helper
11. Industry or business: Missouri Pacific Railroad

MOTHER FATHER
12. Name: Allen Himmaugh
13. Birthplace: x x x (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name: Lillian Roberts
15. Birthplace: Fayette County (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant: Erma Himmaugh
(b) Address: 807 Park Ave. Poplar Bluff, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 5, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cemetery P.B. Mo.
18. (a) Signature of funeral director: Greer-Croy Funeral Serv.
(b) Address: 442 Vine St. Poplar Bluff, Mo.
19. (a) 4-5-43 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day second year 1943 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Strychnine poisoning resulting in tetanic spasms and opisthotonos — Duration
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death): 163E
Major findings: Of operations .....
Of autopsy: none

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): Suicide
(b) Date of occurrence: April 2, 1943
(c) Where did injury occur? Poplar Bluff (City or town) Butler (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home - rooming house (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: Alfred W. Greer Coroner (M.D. or Coroner) Butler County Mo.
Address: 440 Vine St. Poplar Bluff, Mo. Date signed .....

92 (Licensed Embalmer's Statement on Reverse Side)

MAY 18 1943

RECEIVED
District Health Office No. 2
District File Number 543-571
Date Filed 5-4-43

MAR 25 1946

MAY 29 1946

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 S. V. Adamson, Registered Apprentice No. 249, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, Mo.

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.