S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14348

Registration District No. 53 Primary Registration District No. 3010. Registrar's No. 149.

1. PLACE OF DEATH:
(a) County: Cape Girardeau, Mo.
(b) City or town: Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1½ days (Specify whether years, months or days) In this community 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: Cape Girardeau (If outside city or town limits, write "RURAL") 16
(d) Street No.: 822 Good Hope Street (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No) 4
If yes, name country: 0

3. (a) PRINT FULL NAME: Claude Lester Himman
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Freda Clodfelter
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: November (Month) 10th (Day) 1891 (Year)

8. AGE: Years 52 Months 5 Days 20 If less than one day ... hr. ... min.

9. Birthplace: Essex (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Mechanic for Kimbel Lines
11. Industry or business:
MOTHER FATHER
12. Name: George W. Himman
13. Birthplace: Warrick Co. (City, town, or county) Indiana 1 (State or foreign country)
14. Maiden name: Charlotta Ketcham
15. Birthplace: Warrick Co. (City, town, or county) Indiana 1 (State or foreign country)
16. (a) Informant: Mrs. Freda Himman
(b) Address: Cape Girardeau, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-04-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Essex City Cemt. Essex Mo.
18. (a) Signature of funeral director: L. L. Haman
(b) Address: Cape Girardeau, Missouri.
19. (a) 5-2-44 (Date received local registrar) (b) F. W. Phillips (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th year 1944 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from April 26, 1944 to April 30, 1944 that I last saw him alive on April 30, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina pectoris	few hours
Due to: Cardio-vascular Hypertension	long
Due to:	
Other conditions (Include pregnancy within 3 months of death): 93d	

Major findings:
Of operations: ✓
Of autopsy: Angina pectoris

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): no
(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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury:
23. Signature: [illegible] (M.D. or other) MD
Address: Cape Girardeau Date signed: 5/2/44

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 544-3791

Date Filed 5-8-44

AUG 9 1945

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 Howard R. Hansen

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.