FILED MAR 19 1941

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

7581
Do not use this space.

1. PLACE OF DEATH
(a) County Marion — Registration District No. 547
(b) Township Mason — Primary Registration District No. 3029 — Registered No. 60
or
(c) City Hannibal — (d) Street No. 1928 N. 18th 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Ann Huffman
(a) Residence, No. 928 N. 18th St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ernest
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 1, 1887
7. AGE: Years 53, Months 7, Days 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Horse wife
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hannibal Mo

FATHER
13. NAME: Thomas Gray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Sarah Wilks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mich

17. INFORMANT (ADDRESS): Sarah May Clay 928 N 18th Hannibal Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: MTO Live Team DATE: 2/22/41, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): James Odonnell Hannibal Mo
20. FILED: Feb. 21, 1941 W. C. Fisher, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 20, 1941
22. I HEREBY CERTIFY, That I attended deceased from 2/6, 1941, to 2/20, 1941
I last saw her alive on 2/20, 1941. Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	2/18/41
95 C	
Other contributory causes of importance:	
Chronic Bronchiectasis	?
Atrophic Arthritis	?

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? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harry L. Sullivan, M. D.
(Address) 100 N 6th Hannibal Mo.

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X16605

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. Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address. Hannibal Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.