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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 18 1942  
Registration District No. 507

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2751

State File No. ....

Primary Registration District No. 4304

Registrar's No. ....

58  
20  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Linn  
(b) City or town Linneus  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Linn  
(c) City or town Linneus  
(d) Street No.  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Mary Margaret Huffman

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 2  
year 1942 hour 10:10 AM minute M.

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex Female / race White  
5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife I. L. Huffman, Dec.  
6. (c) Age of husband or wife if alive 46  
7. Birth date of deceased October 25 1846  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 31, 1942  
to Feb 2, 1942  
that I last saw her alive on Feb. 2, 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral embolism

8. AGE: Years 95 Months 3 Days 7  
If less than one day hr. min.

Due to Semility  
Due to

9. Birthplace Washington Co. Penna.  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

10. Usual occupation Retired  
11. Industry or business XXXXXXXX

MOTHER FATHER  
12. Name McIlvain  
13. Birthplace Washington Co. Penna.  
14. Maiden name Unknown  
15. Birthplace Washington Co. Penna.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Frank Huffman  
(b) Address Linneus Missouri  
17. (a) Burial (b) Date thereof 2/4/1942  
(c) Place: burial or cremation I.O.O.F. Cemetery

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Thos Understonyak Co.  
(b) Address Linneus, Missouri  
19. (a) Feb 4-42 (b) Maud T. Wells  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury  
23. Signature D. B. Hallis (M.-D. or other)  
Address Linneus, Missouri Date signed 2/4

**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.....

*David A. Taylor*

Licensed Embalmer No..... 3761

P.O. Address..... Linneus, Missouri

**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.**