

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

Do not use this space.

25718

1. PLACE OF DEATH
 County Warren Co Registration District No. 884
 Township Cherokee Primary Registration District No. 6176
 City (No. _____) _____ St. _____ Ward _____

2. FULL NAME Mary Anna Louise Kunze Hackman
 (a) Residence. No. Hopewell Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF J. F. Hackman
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-25-1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 9
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Keeper
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) Sumner Miss Mo
 (STATE OR COUNTRY) Mo
 10. NAME OF FATHER Heiman Kunze
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Louise Rothorn
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24th 1930
 17. I HEREBY CERTIFY, That I attended deceased from July 15 1930 to July 24 1930 that I last saw him alive on July 24 1930, and that death occurred, on the date stated above, at 1:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Central Apoplexy
82A
97 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) Arteriosclerosis
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) E. S. Prandl M. D.

, 19 (Address) Warrenton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Holstein Evg. Cem DATE OF BURIAL July 27 30

20. UNDERTAKER Fred W. Lichtenberg ADDRESS Merthaville Mo

14. INFORMANT J. F. Hackman
 (Address) Hopewell Mo
 15. FILED July 26 30 1930
E. Johnson REGISTRAR

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.

WHITE FLIGHT, WITH UNPAID INDEMNITY IS A PERMANENT RECORD

AUG 26 1930

