

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.

REC'D MAR 9 1939

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

6479

Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade

Registration District No. 304

(b) Township 1

Primary Registration District No. 5424

(c) City Morrison

(d) Street No. 4183

Registered No. 46

(e) Length of residence in city or town where death occurred 140 yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

KATHERINE APPALONA EPPLE

(a) Residence, No. Morrison, Gasconade Co., Mo.

(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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

Anton Epple

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May, 19, 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

66

6

29

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.

Hwr

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) 12-1938

11. Total time (years)  
spent in this  
occupation 40

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Fredericksburg, MO

FATHER

13. NAME Jacob Henneberger

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME

Unkown

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

France

17. INFORMANT  
(ADDRESS)

Jos. Epple  
Morrison, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Morrison

DATE

2-21-39

19. FUNERAL DIRECTOR  
(ADDRESS)

Hugo H. Blumer  
Hermann, Missouri

20. FILED

2-27

1939

F. K. Kieker

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19, 1939

22. I HEREBY CERTIFY That I attended deceased from  
11/11/38, 1938, to 2/18/39, 1939

I last saw her alive on Sat. Feb. 18, 1939. Death is said  
to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

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? Yes

If so, specify

(Signed) Howard H. Korman, M. D.

275 (Address) Hemann, Mo.

(Licensed Embalmer's Statement on Reverse Side)

---

---

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_, L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**