

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

33376
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Clair Registration District No. 761
 (b) Township Appleton Primary Registration District No. 4456 Registered No. 19
 (c) City Appleton city (d) Street No. _____ 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 JOHN GOTTLIEB EPPLE
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Minnie Epple

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 8 28

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 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) Rutesheim, Württemberg, Germany

FATHER
 13. NAME Johann Peter Epple
 14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Rutesheim, Württemberg, Germany

MOTHER
 15. MAIDEN NAME Katharina Nees Weideman
 16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Rutesheim, Württemberg, Germany

17. INFORMANT (ADDRESS) Mrs. Epple, Appleton city, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Appleton ct. DATE Sept. 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Oscar Eckhoff, Appleton city, Mo.

20. FILED Sept. 26, 1939 Oles Ahrey Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1939, to Sept. 24, 1939. I last saw him alive on Sept. 24, 1939. Death is said to have occurred on the date stated above, at 10:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis, Ch
 Other contributory causes of importance: None

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) [Signature] M. D.
 836 (Address) Appleton city, Mo.

WRITE 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.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1363

Date Filed 10-6-39

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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, 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, above space should be left blank.