FILED JUN 7 1941

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

21652
Do not use this space.

1. PLACE OF DEATH
(a) County Gasconade — Registration District No. 303
(b) Township or (c) City Roark — Primary Registration District No. 7420 — Registered No.
(d) Street No. 1 Hermann, Missouri RFD 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 APPRILL
(a) Residence, No. Hermann, Missouri RFD 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer (retired)
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) 10/38
11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann Missouri RFD

FATHER
13. NAME Phillip Apprill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown Vogel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Harry Apprill, Hermann, Mo. RFD

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Joseph's Cem DATE 6/7/41 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hugo H. Blumer, Hermann, Missouri

20. FILED 6-6- 19 41 Anna K. Rickhoff. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 — 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 — 19 41, to June 4 — 19 41
I last saw him alive on June 3 — 19 41 Death is said to have occurred on the date stated above, at 11a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of mouth	

Other contributory causes of importance: 45 C

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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) John Engelbrecht, M. D.
(Address) Stanley Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Hugo H Bluemer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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, above space should be left blank.