

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 87

Registrar's No. 86

1. Place of Death: (a) County Gila (b) City or Town Inspiration (c) Location 113 Morrell Hill
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 28 yrs; in Arizona 28 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Gila; (c) City or Town Inspiration
(If outside city limits also write RURAL)
(d) Street No. 113 Morrell Hill; (e) Citizen of foreign country (yes or No) yes
If yes, which country Germany (If NONE write the word)

3. (a) FULL NAME Rudolph Robert Meyer (b) If Veteran No name war. _____
4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband Margaret Meyer 6. (c) Age of husband or wife, if alive. 65 yrs.
7. Birthdate of deceased Dec 11th 1879
(Month) (Day) (Year)
8. AGE: Years 62 Months 11 Days 8 If less than one day hrs. _____ min. _____

9. Birthplace Stuttgart Baden Germany
(City, town or county) (State or Country)
10. Usual Occupation Plumber Fireman
11. Industry or Business Ins. Com. Cop. Co.
12. Name Jacob Meyer
13. Birthplace Unknown
(City, town or county) (State or Country)
14. Maiden Name Caroline Wanzel
15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Rudolph R. Meyer
(b) Address Inspiration, Ariz.
17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal (c) Date Nov 21 1942
18. (a) Embalmer's Signature J. N. Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz.

19. (a) Nov 21 1942
(Date received local Registrar)
(b) Fred A. Boynton
(Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 19 1942;
TIME (Hour and minute) 2:30 P. M.
21. I hereby certify that I attended the deceased from April 1
1942 to Nov 19 1942
that I last saw him alive on Nov 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Due to Carcinoma of prostate with metastasis 1 1/2 yrs

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

DURATION	
_____	_____
_____	_____
_____	_____
_____	_____

PHYSICIAN	
_____	_____
_____	_____
_____	_____

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? _____
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Kee May M. D.
Address Miami, Ariz. Date signed 11/23/42