

1787

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 524

Registrar's No. 169 E

1. Place of Death: (a) County Yavapai (b) City or Town Prescott (c) Location Yavapai County Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 10 Years; In Community Unknown; in Arizona 60 Years
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Yavapai; (c) City or Town Prescott
(If outside city limits also write RURAL)
(d) Street No. -----; (e) Citizen of foreign country (yes or No) No

3. (a) FULL NAME JOHN KAPSCH (b) If Veteran name war ----- (c) Social Security No. None
If Yes, which country -----

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced No Record

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife, if alive. --- yrs.

7. Birthdate of deceased November 4 1854
(Month) (Day) (Year)

8. AGE: Years 90 Months 5 Days 2 If less than one day
hrs. --- min. ---

9. Birthplace Unknown, Germany
(City, town or county) (State or Country)

10. Usual Occupation Retired

11. Industry or Business ---

12. Name No Record

13. Birthplace --- ---
(City, town or county) (State or Country)

14. Maiden Name No Record

15. Birthplace --- ---
(City, town or county) (State or Country)

16. (a) Informant's own signature Personal effects

(b) Address -----

17. (a) Burial, Cremation or Removal Burial

(b) Place County (c) Date 4/17 19 45

18. (a) Embalmer's Signature Lester Ruffner

(b) Funeral Director Lester Ruffner

(c) Address Prescott, Arizona

19. (a) April 19, 1945
(Date received local Registrar)

(b) J. Barnett
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) APRIL 6, 1945;
TIME (Hour and minute) About 5:00 A. M.

21. I hereby certify that I attended the deceased from March 10, 1945 to April 6, 1945;
that I last saw him alive on April 5, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic

Due to Senility

Due to -----

Other conditions (Include pregnancy within 3 months of death) -----

Major findings: Of operations -----

Of autopsy -----

DURATION Known

PHYSICIAN

Underline the cause to which death should be charged statistically

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 J. H. Rooney M. D.

Address Prescott, Ariz. Date signed 4-18-45