

Registration District No. **15 13949**

1002

Registrar's No. **1661**

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
K. C. General Hosp. #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 hours (Specify whether years, months or days)

3. (a) PRINT FULL NAME LUPE RIVERIA 160

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race Max. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife David Riveria 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Feb 22 1910  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
30 1 25 hr. min.

9. Birthplace Mexico  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business 3

12. Name Richard Neito

13. Birthplace Mexico  
(City, town, or county) (State or foreign country)

14. Maiden name Velas Vitalas

15. Birthplace Mexico  
(City, town, or county) (State or foreign country)

16. (a) Informant David Riveria

(b) Address 2342 Mercier St. K. C. MO.

17. (a) Burial (b) Date thereof 4 19 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place K. C. MO.

19. (a) 4-18-1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 2342 Mercier Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 29 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 17 year 1940  
hour 10 minute 22 M.

21. I hereby certify that I Deputy Coroner 10-0-11  
and Deputy Coroner 10-0-11 19 to 19 ;  
that Deputy Coroner 10-0-11 19 ;  
and Deputy Coroner 10-0-11 19 ;  
that death occurred on the date and hour stated above.

Immediate cause of death Abruption placenta  
Indany shock 1440

Due to 1440

Due to 1440

Other conditions 1440  
(Include pregnancy within 3 months of death)

Major findings: 1440  
Of operations

Of autopsy 1440

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 1440

(b) Date of occurrence 1440

(c) Where did injury occur? 1440  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
1440

While at work? 1440  
(Specify type of work) (e) Means of injury 1440

23. Signature 1440 (M. D. or other) 1440  
\*Address K.C. Mo Date signed 1440

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

*Blaine E. Weiland*

Licensed Embalmer No.

*4075*

P. O. Address

*2332 Monitor St*

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.