

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

Do not use this space.

FILED JUL 31 1946

23694

1. PLACE OF DEATH

County Jackson Registration District No. 149
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St. Mary's Hospital)
IN HOSPITAL 8 DAYS.

File No. 3067
Registered No. 3067
St. Ward

2. FULL NAME Maria Refugio Lopez

(a) Residence, No. 1302 W. 23rd Street St. Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Angelo Lopez

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Mexico

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

17. INFORMANT Mr. Angelo Lopez
(ADDRESS) 1302 W. 23rd St. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE July 15, 1946

19. UNDERTAKER Weilert Funeral Home
(ADDRESS) 2332 Monitor Place K.C. Mo.

20. FILED 7-13-46, 19 Geraldine Halnes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1946

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1945, to July 11, 1946

I last saw her alive on July 11, 1946 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

Primary Carcinoma of the Pancreas with generalized metastasis

Date of onset

Other contributory causes of importance:

46 y

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) [Signature] M.D.

(Address) 4050 Broadway K.C. Mo.

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.

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

22530

Blaine E. Wilbert
4075
K.C. Mo.