

Registration District No. 705

Primary Registration District No. 5155

1. PLACE OF DEATH:

(a) County Callaway Co., Arkansas
(b) City or town Portland, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 82-7-3 years, months or days

8. (a) PRINT FULL NAME Adeline Ries, 2nd

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

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

6. (b) Name of husband or wife Adeline Ries 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 29th-1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife.

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Klein,

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

14. Maiden name Caroline Lippell,

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

16. (a) Informant S. M. M. Coe.
(b) Address MoKan Mo.

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

(c) Place: burial or cremation Portland, Mo.

18. (a) Signature of funeral director Walter Barber,
(b) Address Americus, Mo.

19. (a) June 6, 1940 (b) W. H. Williamson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Callaway Co.,
(c) City or town Portland, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Amoyasse Jwp.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1940 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from February 14, 1940 to June 2, 1940

that I last saw her alive on June 2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 107

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature B. B. Nichols (M. D. or other) 1

Address Amoyasse Jwp, Mo. Date signed 6-3-40

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

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 _____

D. B. Baker,

Registered Apprentice No. _____

working under my personal supervision.

Signed

D B Baker

Licensed Embalmer No. **3375**

P. O. Address **Americus, Me.**

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.