

S. No. 2
M-5-43
5-17-39
I X36671

State File No.

FILED FEB 7 1946

Registration District No. 47

Primary Registration District No. 3008 5757

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Callaway Co., Mo.
(b) City or town Portland, Mo. Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Portland, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mrs. Rosa Niekens,

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

4. Sex Female 5. Color or race Colored
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph Niekens,
6. (c) Age of husband or wife if alive. years
7. Birth date of deceased Unknown Unknown 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown Hunt,

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

14. Maiden name Lillian Stephenson,

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

16. (a) Informant Geo W. Jackson,
(b) Address Portland, Mo. RFD

17. (a) Burial (b) Date thereof Jan 23rd 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carter Cemetery

18. (a) Signature of funeral director Ruben Baker
(b) Address Americus, Mo.

19. (a) 22-1946 (b) Joe Masankhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21st
year 1946 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan 10, 1946 to Jan 19, 1946
that I last saw her alive on Jan 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Duration 9 days

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 cause, 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?

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

23. Signature SW Chertman (M. D. or other)
Address Reudasville Mo Date signed 1-21-46

1098
H.M.D.
ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 2-5-46

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, Mo.

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, fact should be so stated above.