

State File No. 41560
Registrar's No. 60

JAN 6 1942
Registration District No. 163

Primary Registration District No. 7092

Registrar's No. 60

1. PLACE OF DEATH:

(a) County. CEDAR

(b) City or town. EL DORADO SPRINGS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community. _____
years, months or days)

3. (a) PRINT
FULL NAME

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JAMES F BRICK 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased JUNE 19 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	6	6	 hr. min.

9. Birthplace.....St Louis.....Mo D
 - (City, town, or county) (State or foreign country)

10. Usual occupation.....HOUSEWIFE

11. Industry or business

12. Name JOHN FARISH

FA (13. Birthplace _____ City, town, or county _____, (State or foreign country) OH 10)

14. Maiden name ELIZABETH NICOLSON

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

16. (a) Informant James J. Lareck

(b) Address El Dorado Springs 804 Grand Ave

17. (a) Burial (b) Date thereof Dec. 28-19
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation El Dorado (Cem)

18. (a) Signature of funeral director Swinn-Gidlers

(b) Address Edwards Springs, Mo

19. (a) 12-27-41 (Date received last written)
(b) L. J. Dinnany (Recipient's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. Cedar
(c) City or town. EL DORADO SPRINGS /
(If outside city or town limits, write "RURAL")
(d) Street No. 804 S Grand /
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1941 hour 2 minute P M

21. I hereby certify that I attended the deceased from Nov 1
 _____, 1941, to Dec 24, 1941
 that I last saw him alive on Dec 22, 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Interstitial Nephritis	

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 injuries occur?

(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? (c) Means of injury.

23 Signature W.P. Ross-Tor (M.D. or other) MD

25. Signature [Signature] (M. D. or Other) 1977

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.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2034

P.O. Address

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.