

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2460

FILED JAN 31 1944

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 4

1. PLACE OF DEATH:

(a) County CEGAR
(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
years, months or days)

In this community _____

3. (a) PRINT FULL NAME JAMES F BRICK

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, 2 divorced WIDOWED
6. (b) Name of husband or wife ELLA BRICK 6. (c) Age of husband or wife if
alive DECD years
7. Birth date of deceased JULY 4 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 5 If less than one day
hr. min.

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

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name B. S. BRICK
13. Birthplace OHIO
14. Maiden name ANNA E. CARTER
15. Birthplace OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dadio Harrison
(b) Address 801 S. Grand, El Dorado Springs, Mo.
17. (a) Burial (b) Date thereof 1-12-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation EL DORADO (Cem)

18. (a) Signature of funeral director Wm. Siders
(b) Address El Dorado Springs, Mo.
19. (a) 1/11/44 (b) A. J. Dunaway
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEGAR 20
(c) City or town EL DORADO SPRINGS 0
(If outside city or town limits, write "RURAL")
(d) Street No. 804 S GRAND AVE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1944 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Jan 9
2 1944 to Jan 9 1944
that I last saw him alive on Jan 9 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia Duration _____

Due to Influenza

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

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

23. Signature J. W. Dawson (M. D. or other)
Address El Dorado Springs Date signed 1-11-44

JAN 3 11944

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

M. D. Givens

Licensed Embalmer No.

2034

P. O. Address

Edwards Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.