

# FILED 21 1946 STANDARD CERTIFICATE OF DEATH

State File No. **33058**

Registration District No. **73**

Primary Registration District No. **3014**

Registrar's No. **72**

## 1. PLACE OF DEATH:

(a) County **Liberty**  
(b) City or town **Liberty**  
(c) Name of hospital or institution **Home**  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 days** (Specify whether years, months or days)  
In this community **3 days**

3. (a) PRINT FULL NAME **CONSTANCE LOUISE BROOKS**

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

4. Sex **Female** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive **27** years (Month) (Day) (Year)

7. Birth date of deceased **Sept 27 1946** (Month) (Day) (Year)

8. AGE: Years **-** Months **-** Days **3** If less than one day hr. min.

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

10. Usual occupation **none**

11. Industry or business **none**

12. Name **James Allen Brooks**

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

14. Maiden name **Mary Louie Blount**

15. Birthplace **Liberty Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **James Allen Brooks**

(b) Address **223 S. Main St. Liberty Mo**

17. (a) **Burial** (b) Date thereof **Oct 17 1946** (Month) (Day) (Year)

(c) Place: burial or cremation **burial, Liberty Mo**

18. (a) Signature of funeral director **Charles W. Hines**

(b) Address **Liberty Mo**

19. (a) **Oct 1-1946** (b) **Minnie Hines** (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay**  
(c) City or town **Liberty**  
(d) Street No. **223 S. Main**  
(If outside city or town limits, write "RURAL" and name of township)  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **no**

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **30** year **1946** hour **8** minute **15** A. M.

21. I hereby certify that I attended the deceased from **birth** 1946 to **Sept 30** 1946 that I last saw her alive on **Sept 28** 1946 and that death occurred on the date and hour stated above.

Immediate cause of death **Congenital heart disease**  
Due to **failure of foramen ovale**

Other conditions (Include pregnancy within 3 months of death) **157E**

Major findings: Of operations **157E**  
Of autopsy **as above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **none**  
(b) Date of occurrence **none**  
(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 **0**  
23. Signature **Wm H Goodson** (M. D. or other)  
Address **Liberty Mo** Date signed **9/30/46**

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

RECEIVED

District Health Officer No. 2

District File Number.....

Date Filed 10-18-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....

....., Registered Apprentice No.....  
~~working under my personal supervision.~~

Signed.....

*Edgar Archer*

Licensed Embalmer No. 3311

P. O. Address Liberty 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.