

No. 300  
1-10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37416

Registration District No. 23

Primary Registration District No. 4334

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Latham  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---  
(Specify whether)

In this community Most of life  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town Latham  
(If outside city or town limits, write "RURAL")

(d) Street No. None  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country Native

3. (a) PRINT ULYSSES SMITH BLANKENSHIP  
FULL NAME

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st  
year 1948 hour 3 minute 30P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dosia Blankenship

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March, 1st, 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1, 1948  
47 Nov 1 1948  
and that death occurred on the date and hour stated above.

that I last saw him alive on Oct 30, 1948

Immediate cause of death arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

8. AGE: Years 76 Months 8 Days 1 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Miller County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

MOTHER FATHER { 12. Name Jackson Blankenship

13. Birthplace No record  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Kelsey

15. Birthplace No record  
(City, town, or county) (State or foreign country)

16. (a) Informant Dosia Blankenship (Wife)

(b) Address Latham, Missouri

17. (a) Burial (b) Date thereof 11/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Point Cemetery

18. (a) Signature of funeral director Jamell E. Richard

(b) Address Tipton, Mo.

19. (a) Nov 12/48 (Date received local registrar)

Major findings: Of operations \_\_\_\_\_

Of autopsy a

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 2

23. Signature [Signature] (M.D. or other) DO

Address California, Mo. Date signed 11/2/48

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed NOV 19 1948

**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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. E. Richard  
Licensed Embalmer No. 2466  
P. O. Address Tipton, 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.**