

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37416

Registrar's No. 23

Registration District No. 23

Primary Registration District No. 4334

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)

3. (a) PRINT ULYSSES SMITH BLANKENSHIP .
FULL NAME

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

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)

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

12. Name Jackson Blankenship

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

14. Maiden name Jane Kelsey
No record

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 Jimmie E. Richard

(b) Address Tipton, Mo.

19. (a) Nov 12/48 (Date received local registrar) (b) W. J. Davis (Registrar's signature)

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

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Aug 1, 1948
to Oct 30, 1948
that I last saw him alive on Oct 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis Duration

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 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 W. J. Davis (M.D. or other) 20

Address California, Mo Date signed 11/2/48

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

MOTHER FATHER

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.