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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 8 1948

Registration District No. .....

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3974

Primary Registration District No. 1000

Registrar's No. 258

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 3 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 6I6 South 8th Str.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jackson William Blanton Jr.
3. (b) If veteran, name war None
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased Febr. I4th I948
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace St Joseph Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER
12. Name Jackson Wm. Blanton Sr.
13. Birthplace Blair Kans.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Francis Davis
15. Birthplace St Joseph Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Jackson Wm. Blanton Sr.
(b) Address 6I6 South 8th Str.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb.18,48
(Month) (Day) (Year)
(c) Place: burial or cremation Fanning, Kansas.
18. (a) Signature of funeral director Herman Wm. Sidenfaden
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) March 2,1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 387

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr day I7
year I948 hour II minute 07 a M.

21. I hereby certify that I attended the deceased from February 14, 1948 to February 17, 1948; that I last saw him alive on February 17, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Atelectasis of New Born	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN
Underline the cause of which death should be charged statistically.

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

23. Signature Carl W Dlecker (M. D. or other)
Address The Tootle Building St. Joseph, Missouri Date signed 2-18-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.