

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5815**

FILED FEB 24 1948

Registration District No. **27**

Primary Registration District No. **5987**

Registrar's No. **14**

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

1. PLACE OF DEATH:

(a) County Pulaski

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

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

In this community Entire lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Benjamin Franklin McKinnon

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sarah McKinnon

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

7. Birth date of deceased 12 5 1861
(Month) (Day) (Year)

8. AGE:				If less than one day
Years	Months	Days		
86	2	0		hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Jim McKinnon

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Hollie Thompson

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alex McKinnon

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 2/6/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seaton

18. (a) Signature of funeral director Frad H. Gilbert

(b) Address Dixon, Mo.

19. (a) Feb 19 1948 (b) Thelma C. Buckhaver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 5
year 1948 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from 3-Feb-Jan
1948 to 3-Feb 19 48
that I last saw him alive on 3-Feb 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Senility

Due to arteriosclerosis

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

Duration 72 hrs

Due to Senility yes

Due to arteriosclerosis yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy 107

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 0

23. Signature J. O. Anglin (M. D. or other) _____
Address Dixon, Mo. Date signed 2-Feb-48

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 *Fred W Gilbert*

Licensed Embalmer No..... 2341

P. O. Address... *Dixon, Missouri*

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.