

BIRTH NO. _____		REG. DIST. NO. <u>367</u>		PRIMARY REG. DIST. NO. <u>4537</u> Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Washington</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Irondale</u>		c. LENGTH OF STAY (in this place) <u>70 yrs.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Irondale</u> <u>11000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Irondale</u>			d. STREET ADDRESS (If rural, give location) <u>Irondale</u>		
3. NAME OF DECEASED (Type or Print) <u>Benjamin</u>		b. (Middle) <u>Franklin</u>		c. (Last) <u>McKinney</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> *****		8. DATE OF BIRTH <u>Jan. 12, 1872</u>	
13a. FATHER'S NAME <u>James McKinney</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Quinn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 13, 1950</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u> *****		16. SOCIAL SECURITY NO. <u>None</u>		9. AGE (in years last birthday) <u>78</u> If UNDER 1 YEAR: Months <u>4</u> Days <u>1</u> If UNDER 24 HRS. Min.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fannie McKinney Irondale, Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		14. NAME OF HUSBAND OR WIFE <u>Fannie Jane McKinney</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		16. SOCIAL SECURITY NO. <u>None</u>	
22. I hereby certify that I attended the deceased from <u>Feb 2</u> , 19 <u>50</u> , to <u>May 10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 10</u> , 19 <u>50</u> , and that death occurred at <u>10:30</u> a.m., from the causes and on the date stated above.		21f. HOW DID INJURY OCCUR?		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fannie McKinney Irondale, Mo</u>	
23a. SIGNATURE (Degree or title) <u>James W. Hoffmann M.D.</u>		23b. ADDRESS <u>Bismarck Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 15, 1950</u>		19. DATE OF OPERATION	
24c. NAME OF CEMETERY OR CREMATORY <u>Big River Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Irondale, Mo.</u>		19b. MAJOR FINDINGS OF OPERATION	
DATE REC'D BY LOCAL REG. <u>May 15, 1950</u>		REGISTRAR'S SIGNATURE <u>Dessie Eichenberger</u>		20. AUTOPSY? YES ☐ NO ☒	
25. FUNERAL DIRECTOR'S SIGNATURE <u>But L Bays</u>		ADDRESS <u>Leadwood, Mo.</u>		21. HOW DID INJURY OCCUR?	

RECEIVED

JUL 3 1950

WASH. COUNTY HEALTH D

File No. 750-9

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.