

FILED APR 14 1943  
Registration District No. 368

Primary Registration District No. 3076

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
At home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 427 E. Sycamore  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country ✓

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Benjamin Franklin Lawless

20. DATE OF DEATH: Month March day 30  
year 1943 hour 10:10 minute A.M.

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

21. I hereby certify that I attended the deceased from March 10,  
1943, to March 30, 1943;  
that I last saw him alive on March 30, 1943;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

Immediate cause of death Cerebral hemorrhage

6. (b) Name of husband or wife Corretta Lawless 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Aug 18 1863  
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 12  
If less than one day hr. min.

Due to gen. Arterio Sclerosis

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

Due to

10. Usual occupation Carpenter

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

11. Industry or business

Major findings: Of operations ✓

12. Name Ben Lawless

Of autopsy ✓

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

14. Maiden name Lucy Stevens

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

16. (a) Informant Mrs. Ben Lawless

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof Apr. 1st 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Bullard Park

18. (a) Signature of funeral director Allen O'Leary

(b) Address Nevada Missouri

19. (a) 3-31-43 (b) Hazel B. Bewick  
(Date received local registrar) (Registrar's signature)

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 ✓

23. Signature J. M. Yain (M. D. or other) 0  
Address 212 N. Cherry, Nevada, Mo. Date signed 3/31/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18  
2

1331

RECEIVED

District Health Officer No. 7,

District File Number 3-43-21

Date Filed 4-6-43

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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

*Allen E. Kays*

Licensed Embalmer No. 1968

P. O. Address

Nevada 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.