No. 2
2-43
7-3
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24724

State File No.

FILED AUG 10 19[illegible]

Registration District No. 72

Primary Registration District No. 3013

Registrar's No. 63

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: 1701 Armour Rd No KC Mo
(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 years, months or days) In this community: 8 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Clay 24
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: R. 8. No Kan City Mo
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): /
If yes, name country:

3. (a) PRINT FULL NAME: BEN OSCAR LAWHORN
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Ella Lawhorn
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: Oct (Month) 11 (Day) 1889 (Year)

8. AGE: Years 53 Months 9 Days 14 If less than one day hr. min.

9. Birthplace: Liberty (City, town, or county) Ky. / (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Industrial Place
12. Name of father: David Lawhorn
13. Birthplace of father: Lexington (City, town, or county) Ky. / (State or foreign country)
14. Maiden name of mother: Ann /
15. Birthplace of mother: Lexington (City, town, or county) Ky. / (State or foreign country)
16. (a) Informant: Mr. Holmes
(b) Address: 1701 Armour Rd No KC Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 28 43 (Month) (Day) (Year)
(c) Place: burial or cremation: Lexington Ky.
18. (a) Signature of funeral director: Morton Funeral Home
(b) Address: North Kansas City Mo
19. (a) July 26-43 (Date received local registrar) (b) Ruth M. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1943 hour 8:45 minute a.m.

21. I hereby certify that I attended the deceased from Coronary Case, 19..; that I last saw him alive on ..., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: accident — Duration
Due to: Coronary Case
Due to:
Other conditions (Include pregnancy within 3 months of death): Coronary
Major findings: Of operation: Coronary
Of autopsy: yes

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accident
(b) Date of occurrence: 7-25-1943
(c) Where did injury occur? 1701 Armour Rd. KC (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial Place
While at work? yes (Specify type of place)
(e) Means of injury: Lacerations, fracture, concussion & brain damage
23. Signature: C. W. Crother Coroner (M. D. or other)
Address: Excelsior Springs Mo Date signed 7-25-43

162 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-9-43

FEB 2 1944

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 John B. Morlan

Licensed Embalmer No. 4349

P. O. Address Mo. Kansas City

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.

C. No. 2B
f—5-43
X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. AUG 11 --

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 63

1. PLACE OF DEATH:

(a) County Clay

(b) City or town North Kansas City
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Benoar Lawhorn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 1 (Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 25 Year 1943 Hour 11 minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death accident, while working up on a man hoisting elevator, fractured L. skull Due to his head, fell above causing a skull fracture, concussion + Due to fracture of both legs, when he fell back hitting the concrete Other conditions (Include pregnancy within 3 months of death) Fever below

Major findings:
Of operations 1950
Of autopsy

Duration

PHYSICIAN
Underline the cause to 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 Skull fracture fell 30 on elevator man hoisting by

20. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 8-16-43

SUPPLEMENTARY

5.24124