

**FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
FILED VS FEB 23 1960**

-60-006771

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 42

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PRAIRIE</u>		Length of stay in 1b <u>9 months</u>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JACKSON COUNTY HOME FOR NEGRO AGED</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1521 VIRGINIA</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Lucinda</u> Middle <u>B.</u> Last <u>OLIVER</u>		4. DATE OF DEATH Month <u>2</u> Day <u>5</u> Year <u>60</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>?-?-1883</u>
9. AGE (last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>"unknown"</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>"unknown"</u>	11. BIRTHPLACE (City and state or country) <u>?/ Louisiana</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>"unknown"</u>	
13b. MOTHER'S MAIDEN NAME <u>"unknown"</u>		14. NAME OF HUSBAND OR WIFE <u>"unknown"</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>"unknown"</u>	
17. INFORMANT Address <u>H.C. Mo.</u>		<u>CHRISTINA GILL - 1116 East 19th</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Influenza</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>B. Influenza</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) _____			INTERVAL BETWEEN ONSET AND DEATH <u>5 ds.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
21. I attended the deceased from <u>5-59</u> to <u>2-5-60</u> and last saw her ^{her} alive on <u>2-5-60</u> Death occurred at <u>5:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>S. H. Griff</u> (Degree or title)		22b. ADDRESS <u>ROUTE #4 LEE'S SUMMIT</u>	
22c. DATE SIGNED <u>2-10-60</u>		23. NAME OF CEMETERY OR CREMATORY <u>University of K.C. School of Dentistry</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Anatomical</u>		23b. DATE <u>2-10-60</u>	
23c. LOCATION (City, town, or county) <u>Kansas City, Missouri</u> (State)		24. FUNERAL DIRECTOR <u>Weilert's: 2332 Monitor Place K.C., Mo.</u> ADDRESS _____	
25. DATE RECD. BY LOCAL REG. <u>2/10/60</u>		26. REGISTRAR'S SIGNATURE <u>MB Langford</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Laurence A. [Signature]
Licensed Embalmer No. 462

P. O. Address 239 [Signature]

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.