

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

FILED VS MAY 24 1960

149

Registration District No. Primary Registration District No. 1002 Registrar's No.

2509 -60-019427  
STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>36 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Queen of the World</b>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3641 S Benton</b>	
3. NAME OF DECEASED (Type or print) First <b>Milton</b> Middle <b>Hall</b> Last <b>Hall</b>				4. DATE OF DEATH Month <b>5</b> Day <b>3</b> Year <b>60</b>			
5. SEX <b>M</b>		6. COLOR OR RACE <b>Negro</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1/12/20</b>	
9. AGE (last birthday) <b>40</b>		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steel Mill</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Texas</b>	
11. BIRTHPLACE (City and state or country) <b>U S A</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>		13a. FATHER'S NAME <b>Henry Hall</b>		13b. MOTHER'S MAIDEN NAME <b>Deornatha Hall</b>	
14. NAME OF HUSBAND OR WIFE <b>Deorthy Hall</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-01-0216</b>		17. INFORMANT Address <b>Deorthy Hall 3641 S Benton</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive Subdural Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Was struck on head</b>			
20c. TIME OF INJURY <b>11:30 a.m.</b>		Hour Month, Day, Year <b>5-2-60</b>		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.) <b>Kansas City Jackson</b>	
20f. CITY, TOWN, OR LOCATION <b>Jackson</b>		COUNTY <b>Jaco</b>		20g. STATE <b>Mo</b>			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>W. C. Seally, M.D., Deputy Coroner</b>				22b. ADDRESS <b>6627 Prospect Ave</b>		22c. DATE SIGNED <b>5-4-60</b>	
23a. BURIAL, CREMATION, REINTERMENT (Specify) <b>Buried</b>		23b. DATE <b>5/9/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Ft Leavenworth</b>		23d. LOCATION (City, town, or county) (State) <b>Leavenworth Kans</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Manlove-Williams 1729 Lydia</b>				25. DATE RECD. BY LOCAL REG. <b>5-6-60</b>		26. REGISTRAR'S SIGNATURE <b>neva minshell</b>	

DOCUMENT

MEDICAL CERTIFICATION

G. Keathner

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond Wilcox

Licensed Embalmer No. 465  
P. O. Address X C Me

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.