

**FEDERAL BUREAU OF INVESTIGATION**  
**U.S. DEPARTMENT OF JUSTICE**  
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**U.S. DEPARTMENT OF JUSTICE**

FILED VS AUG 15 1960

=60-026923

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3944 STATE FILE NUMBER

ENDED

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (Outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>                   |  | Length of stay in 1b <u>63 yrs</u>   | c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                               |
| c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dewellen Nurs. Home</u> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <u>623 Euclid</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |  |  |   |  |  |  |
|---|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>ARTHUR HUGHES</u> |  |  | 4. DATE OF DEATH Month Day Year<br><u>7-29-1960</u> |  |  |  |
|---|--|--|---|--|--|--|

|                    |                               |  |                                   |                                  |                             |                           |
|--------------------|-------------------------------|--|-----------------------------------|----------------------------------|-----------------------------|---------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</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>3-23-1880</u> | 9. AGE (last birthday) <u>80</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>Cement finisher</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Orange City, Kans</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
|--|-----------------------------------|---|--|

|  |   |                             |
|--|---|-----------------------------|
| 13a. FATHER'S NAME <u>William O Hughes</u> | 13b. MOTHER'S MAIDEN NAME <u>Jennie E. Hughes</u> | 14. NAME OF HUSBAND OR WIFE |
|--|---|-----------------------------|

|  |  |   |
|--|--|---|
| 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>499-09-0654</u> | 17. INFORMANT <u>Oral Hughes</u> Address <u>Kansas City, Mo</u> |
|--|--|---|

|  |                                    |   |
|--|------------------------------------|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> |                                    | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>Arteriosclerosis</u> |   |
|  | DUE TO (c)                         |   |

|   |  |
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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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|---|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) |
|---|---|--|

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|--|
| 20c. TIME OF INJURY Hour Month, Day, Year<br>a.m. p.m. |
|--|

|  |  |   |
|--|--|---|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 1-1-60 to 7-29-60 last saw her/him alive on 7-29-60  
 Death occurred at 9:03 AM on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                                      |                                 |
|--|--------------------------------------|---------------------------------|
| 21a. SIGNATURE (Degree or title) <u>Frank Paul Laury</u> | 22b. ADDRESS <u>428 S. White Ave</u> | 22c. DATE SIGNED <u>7-29-60</u> |
|--|--------------------------------------|---------------------------------|

|   |                           |   |  |
|---|---------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8-2-1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Shen Lawn Cem</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u> |
|---|---------------------------|---|--|

|   |  |  |
|---|--|--|
| 24. FUNERAL DIRECTOR <u>Valentino Bros</u> ADDRESS <u>KC Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>8-1-60</u> | 26. REGISTRAR'S SIGNATURE <u>H. L. Dwyer, M.D.</u> |
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DOCUMENT

BY AFFIDAVIT OF Frank Paul Laury, M.D. MEDICAL CERTIFICATION

*Missouri*  
*7-29-60 903 AM*

**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 *H. C. Lassentus*  
\_\_\_\_\_

Licensed Embalmer No. 4554

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