
Agency Information

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TO : KANSAS DEPT. OF HEALTH & ENVIRONMEN
TITLE :
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HALL, LORAN
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COMMENTS : Birth certificate attached. Box 54.

THE KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

Vital Statistics

TOPEKA, KANSAS 66620

RECEIPT

240-4242

1697

Date	Serial Number	Class	Type	Amount
AUG 30 TT	24914	219	.00 B	2.00

Subject: CLIFFORD FENTON JR. LORAN EUGENE HALL
 SELECT COMMITTEE ON ASSASSINATIONS NEWTON KS
 U.S. HOUSE OF REPRESENTATIVES JAN 4 1930
 3331 HOUSE OFF BLDG 3
 WASHINGTON DC 20515

PAID 2 035

STATE OF KANSAS
 DEPARTMENT OF HEALTH & ENVIRONMENT
 BIRTH CERTIFICATE

Registration Number: 240 4242

1. Name of child: *Jack Frank Hall*
 2. Sex: *Male*
 3. Date of birth: *Jan 4 1930*
 4. Place of birth: *Newton, Kansas*
 5. Name of mother: *Marie Adella Jensen*
 6. Name of father: *Coach Claude Jensen*
 7. Date of birth of mother: *Jan 4 1900*
 8. Date of birth of father: *Jan 4 1900*
 9. Name of mother at birth: *Marie Adella Jensen*
 10. Name of father at birth: *Coach Claude Jensen*
 11. Color or race: *W*
 12. Age at last birthday: *19*
 13. Birthplace (city or place): *Newton, Kan*
 14. Birthplace (state or country): *Kan*
 15. Trade, profession, or particular kind of work done, as occupation: *Coach*
 16. Industry or business in which work was done, as occupation: *own*
 17. Date (month and year) last engaged in this work: *Jan 4 1930*
 18. Total time (years) spent in this work: *4 mos*
 19. Total time (years) spent in this work: *1930*
 20. Total time (years) spent in this work: *3 mos*
 21. Number of children of this mother: *1*
 22. (a) Time of this birth and including this child: *1*
 23. (b) Born alive but now dead: *0*
 24. (c) Stillborn: *0*
 25. Cause of death: *None*
 26. Cause of death: *None*
 27. Cause of death: *None*
 28. Cause of death: *None*
 29. Cause of death: *None*
 30. Cause of death: *None*
 31. Cause of death: *None*
 32. Cause of death: *None*
 33. Cause of death: *None*
 34. Cause of death: *None*
 35. Cause of death: *None*
 36. Cause of death: *None*
 37. Cause of death: *None*
 38. Cause of death: *None*
 39. Cause of death: *None*
 40. Cause of death: *None*
 41. Cause of death: *None*
 42. Cause of death: *None*
 43. Cause of death: *None*
 44. Cause of death: *None*
 45. Cause of death: *None*
 46. Cause of death: *None*
 47. Cause of death: *None*
 48. Cause of death: *None*
 49. Cause of death: *None*
 50. Cause of death: *None*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was *born alive* at *9:38 A.M.* on the date above stated.
 (Born alive or stillborn)
 Signature: *G. B. Bartel*
 Date: *Jan 4 1930*
 Address: *Newton, Kansas*
 Adella Jensen

LOUIS STOKES, OHIO, CHAIRMAN

RICHARDSON PREYER, N.C.
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(202) 225-4624

Select Committee on Assassinations

U.S. House of Representatives

3331 HOUSE OFFICE BUILDING, ANNEX 2

WASHINGTON, D.C. 20515

August 23, 1977 AUG 30 2 77 03500 ***+2.00

B

Kansas Department of Health and Environment
Vital Statistics
Topeka, Kansas 66620

Gentlemen:

Please provide us with a copy of the birth certificate for Loran Eugene Hall. The following is information you requested to expedite this matter.

Birth date: January 4, 1930
Social Security Number: 515-20-3802
Place of Birth: Newton, Kansas

Enclosed is \$2.00 you requested. Please send the certificate to the above address, attention of Johanna Smith.

Sincerely,

Clifford A. Fenton, Jr.
Clifford A. Fenton, Jr.
Chief Investigator

CAFJr/ijr