

FILED APR 16 1949

STANDARD CERTIFICATE OF DEATH

State File No. 12352

1394

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1394</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1009 W. 70th St.</u>				d. STREET ADDRESS (If rural, give location) <u>1009 W. 70th St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Leon</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Crowl</u>	
4. DATE OF DEATH		(Month) <u>3</u> (Day) <u>25</u> (Year) <u>49</u>		5. SEX <u>M</u> <u>O</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 5, 1896</u>		9. AGE (In years last birthday) <u>52</u>		10. IF UNDER 1 YEAR (Months) <u>10</u> Days <u>20</u>	
11. BIRTHPLACE (State or foreign country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Harry Crowl</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Edna Crowl</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>#1</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna Crowl</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemm. & Encephalomalacia</u> <u>Due to Auto Accident 1948</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension 331X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>4-5 months</u> <u>5-10 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES ☐ NO ☒		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) - (Day) - (Year) - (Hour) - (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>PM 3/25</u> , 19 <u>49</u> , to <u>3/26</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/25/49</u> , 19 <u>49</u> , and that death occurred at <u>1:10 P.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Walton C. Ingham, M.D.</u>		23b. ADDRESS <u>320 W. 47th St.</u>	
23c. DATE SIGNED <u>3/26/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/28/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Int. Moriah Cem.</u>	
24d. LOCATION (City, town, or county) <u>Kansas City</u> (State) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE</u>		25. ADDRESS <u>Kansas City, Mo.</u>		DATE REC'D BY LOCAL REG. <u>3-28-49</u>	
REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. ADDRESS <u>Kansas City, Mo.</u>		25. ADDRESS <u>Kansas City, Mo.</u>		25. ADDRESS <u>Kansas City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Ingelhorn

11:00 til 2:00 Plaza Med,
Sat + Mon

MAY 31 1949
JUN 28 1949
676182 NW 47

MAY 26 1951

MAY 18 1949

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
Student Embalmer

Signed May E Meyer.

Licensed Embalmer No. 4555

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.