No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13233

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1691

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 1yr 20da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Johnson
c. CITY OR TOWN: Overland Park
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 8306 Santa Fe Drive

8150 4

3. NAME OF DECEASED (Type or Print)
a. (First): Paul
b. (Middle): Humphrey
c. (Last): ENGLE

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: September 13, 1889
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad - Retired
SWITCHMAN
10b. KIND OF BUSINESS OR INDUSTRY: A.T. + SANTA FE RAILROAD
11. BIRTHPLACE (City and State or Foreign Country): Dairy, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Engle
13b. MOTHER'S MAIDEN NAME: Elizabeth Wagner
14. NAME OF ~~HUSBAND~~ OR WIFE: Louise Engle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW11
16. SOCIAL SECURITY NO.: 709183767
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Official Veterans Hospital Records

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, marked, bilateral, and pulmonary edema, marked.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Leukemia, chronic
DUE TO (c) Splenomegaly

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Polyp, single, sigmoid.

INTERVAL BETWEEN ONSET AND DEATH: 2044

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): VA m.
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* March 24, 1955, *to* April 13, 1956, ~~that I last saw the deceased alive on~~ ~~19~~, *and that death occurred at* 9:43P *m., from the causes and on the date stated above.*

23a. SIGNATURE EUGENE F. HWA, M. D. (Degree or title): [signature]
23b. ADDRESS: Veterans Administration Hospital, 4801 Linwood Blvd., K.C. Mo.
23c. DATE SIGNED: 4-14-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL-18-1956
24c. NAME OF CEMETERY OR ~~CREMATORY~~: NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State): FT. LEAVENWORTH KANSAS

DATE REC'D BY LOCAL REG.: 4-18-56
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: O. H. Newcomer's Sons, Mission, Kansas

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Basil V. Honey

Licensed Embalmer No. 47

P. O. Address K.C., T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.