

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4617**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 Days
(Specify whether years, months or days)
 In this community 4 Months

3. (a) PRINT FULL NAME Mrs. Imogene Stebbins
8. (b) If veteran, name war No **3. (c) Social Security No.** None

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married
6. (b) Name of husband or wife Gilbert D. Stebbins **6. (c) Age of husband or wife if alive** 59 years
7. Birth date of deceased Feb. 13 1900
(Month) (Day) (Year)

8. AGE: Years 39 Months 9 Days 19 If less than one day hr. min.

9. Birthplace Santa Barbara California
(City, town, or county) (State or foreign country)

10. Usual occupation House wife at home

11. Industry or business None

MOTHER FATHER
12. Name Harry H. Leavitt
18. Birthplace Unknown New Hampsh
(City, town, or county) (State or foreign country)
14. Maiden name Florence Brewer
15. Birthplace Unknown Connecticut
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. E. Jaccard
(b) Address 5710 Garfield Ave

17. (a) Burial **(b) Date thereof** 12-5-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director D. W. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Date received local registrar Dec 4-39 **(b) Registrar's signature** [Signature]

2. USUAL RESIDENCE OF DECEASED:
 (a) State Michigan (b) County _____
 (c) City or town Detroit
(If outside city or town limits, write "RURAL")
 (d) Street No. 822 Fort Street West
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 1939 hour 9 minute 25 a.m.

21. I hereby certify that I attended the deceased from Sept 24, 1939 to Dec 2, 1939
 that I last saw her alive on Dec 2, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of lung **Duration** 3 weeks

Due to unknown **Due to** unknown

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy Gangrene of lung abscess formation - culture

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ **(Specify type of place)** _____
(e) Means of injury _____

23. Signature Edwin H. Purser (M. D. or other) _____
Address P. M. P. Bldg. **Date signed** 12-2-39

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *C. Hervey Quisenberry*

Licensed Embalmer No..... *4070*

P. O. Address..... *H. C. 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, above space should be left blank.