

No. 2
9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5478**
Registrar's No. **968**

Registration District No. **399** Primary Registration District No. **1002**

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 **8 Days**
In this community **40 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mr. James Irvin McKibben**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Dollie A. McKibben**
6. (c) Age of husband or wife if alive **38** years
7. Birth date of deceased **June 17 1896**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 8 19 hr. min.

9. Birthplace **Malvern Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Manager & Owner**

11. Industry or business **Security Stationary Co.**

MOTHER FATHER { 12. Name **John Franklin McKibben**
13. Birthplace **Elyste Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Coriner Eichelberger**
15. Birthplace **Mt. Vernon Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dollie A. McKibben**

(b) Address **3710 Jefferson**

17. (a) **Burial** (b) Date thereof **Mar. 9, 1942**
(Burial, cremation, or removal) **Mt. Muncie Cemetery**

(c) Place: burial or cremation **11111 Leavenworth, Kansas**

18. (a) Signature of funeral director **O. H. Newcomer sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **3/9/42** (b) **M. H. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3710 Jefferson Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **6th**
year **1942** hour **12** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Feb. 15,**
..... 19**42**, to **March 6,** 19**42**
that I last saw him alive on **March 6,** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocardial Failure** Duration

Due to **Chronic Myocardial Failure**
Malignant Hypertension
Due to **Chronic Arterial nephrosclerosis**
Eczematous Dermatitis
Other conditions **due to salyrgan**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **enlarged heart**
Of operations -----
Of autopsy **Edema of lungs, ascites, congestion, lunging, melan**

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) (c) Means of injury -----
23. Signature **J. Stanley Amest** (M. D. or other) **D.M.D.**
Address **424 Pop. Rd.** Date signed **3/7/42**

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

361

424 Professional Body
1-5

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. Harvey Purdewberry*
Licensed Embalmer No. *4070*
P. O. Address *A 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, fact should be so stated above.