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5-17-39  
PI X29454

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **23646**

FILED JUL 27 1942

Registration District No. **399** Primary Registration District No. **1002** Registrar's No. **2751**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**614 Beacon**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community **7 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City, Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **614 Beacon** (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mrs. Sarah H. Van Bibber**

(b) If veteran, name war **-- None**

(c) Social Security No. **-- None**

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Benj. E. Van Bibber**

6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **April 7, 1869**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**73 3 11** hr. min.

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

10. Usual occupation **Homemaker**

11. Industry or business **At Home**

MOTHER FATHER

12. Name **Andrew Lash**

13. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

14. Maiden name **Maria Carver**

15. Birthplace **No Record**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ollie Porter**

(b) Address **4311 E 10th St. K.C. Mo.**

17. (a) **Burial** (b) Date thereof **7-18-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Smithville, Mo.**

18. (a) Signature of funeral director **Sheil Funeral Home**

(b) Address **6606 Indep. Ave. K.C. Mo.**

19. (a) **July 18, 42** (b) **M. M. Crow**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18**  
year **1942** hour **3** minute **45** A. M.

21. I hereby certify that I attended the deceased from **July 15, 1942** to **July 16, 1942**  
that I last saw her alive on **July 16, 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Edema** Duration **4 days**

Due to **Leucinaemia (Scapular vein)** 10 yrs

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **SSB**

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

23. Signature **R. Williams** (M. D. or other) **MD**  
Address **5400 St John Rd** Date signed **7/18/42**

361

(Licensed Embalmer's Statement on Reverse Side)

70940

Dr. Robt. A. Williams

5400 St John

date - 2:30

**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

*John D. Sheel*

Licensed Embalmer No.

3125

P. O. Address

K.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.