

FILED SEP 7 1944

Registration District No. **10.02**

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

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:  
**In ambulance on way to St. Joseph's Hosp.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no** (Specify whether years, months or days)

In this community **20 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**

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

(d) Street No. **6406 Indep. Ave.**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes of No)

If yes, name country **no**

3. (a) PRINT FULL NAME **Mrs. Daisy Alma Van Bibber**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Fem.** 5. Color or race **White**

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

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

6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **July 3 1877**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>67</b>	<b>1</b>	<b>20</b>	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER, FATHER

12. Name **James Alvis Kincaid**

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

14. Maiden name **Liza Harber**

15. Birthplace **Ky.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Thelma Peters daughter**

(b) Address **536 Norton, K. C. Mo.**

17. (a) **Burial** (b) Date thereof **8/25/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills**

18. (a) Signature of funeral director **John P. Shier**

(b) Address **6606 Indep. Ave**

19. (a) **8-25-44** (b) **N. E. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **24** 23  
year **1944** hour minute **12:30 PM**

21. I hereby certify that I attended the deceased from **8/21/44** to **8/23/44** 1944  
that I last saw him/her alive on **8/23/44** and that death occurred on the date and hour stated above.

Immediate cause of death **Tumor of rectum sigmoid malignant (?) causing obstruction of bowel.**

Due to **46**

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

Major findings:  
Of operations **none**

Of autopsy **Obstructive tumor of recto-sigmoid region**

22. 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) Means of injury **—**

23. Signature **J. O. Keller** (M. D. or other)  
Address **K. C. Mo.** Date signed **8/24/44**

PHYSICIAN

Underline the cause to which death should be charged statistically.

3  
Sept 11 1960

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**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 P. Shiel* .....

Licensed Embalmer No. *3623* .....

P. O. Address..... *K E Rd* .....

**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.**