#### BIXBY WALTER E

Form 4

December 21, 2005

### FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

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if no longer subject to Section 16.

Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 See Instruction

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

1(b).

(Print or Type Responses)

`	1 /						
1. Name and Address of Reporting Person ** BIXBY WALTER E			2. Issuer Name <b>and</b> Ticker or Trading Symbol KANSAS CITY LIFE INSURANCE	5. Relationship of Reporting Person(s) to Issuer			
			CO [KCLI]	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	_X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify			
C/O KANSAS CITY LIFE			12/19/2005	below) below) Vice Chairman of the Board			
INSURANC	E CO, 3520			vice chairman of the Board			
BROADWA	Y						
	(Street)		4 If Amendment Date Original	6 Individual or Joint/Group Filing(Check			

4. If Amendment, Date Original Filed(Month/Day/Year)

Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

#### KANSAS CITY, MO 64111

(City)	(State)	<sup>(Zip)</sup> Tabl	e I - Non-E	<b>Derivative</b>	Secur	rities A	cquired, Disposed	l of, or Benefic	ially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed 3.		4. Securities actionAcquired (A) or Disposed of (D) 8) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, \$1.25 par value	12/19/2005		Code V	Amount 440	or (D)	Price \$ 50	(Instr. 3 and 4) 348,380	D		
Common Stock, \$1.25 par value	12/19/2005		G	440	A	\$ 50	9,780	I	As Custodian For Walter E Bixby IV UMUGMA	
Common Stock,	12/19/2005		G	440	A	\$ 50	6,008	I	As Custodian For Adam J	

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\$1.25 par value							Bixby UMUGMA
Common Stock, \$1.25 par value	12/19/2005	G	440	A	\$ 50 6,008	I	As Custodian For Kai M Bixby UMUGMA

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(9-02)

9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title Amoun Underly Securit (Instr. 3	nt of ying	8. Price of Derivative Security (Instr. 5)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title I	Amount or Number of Shares	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
are porting of the state of the	Director	10% Owner	Officer	Other			
BIXBY WALTER E C/O KANSAS CITY LIFE INSURANCE CO 3520 BROADWAY KANSAS CITY, MO 64111	X	X	Vice Chairman of the Board				
Signatures							
Walter E. Bixby, signed by Wm. A. Schalekamp Attorney	as Power of	12/21/2005					
**Signature of Reporting Person	Date						

2 Reporting Owners

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# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.