

FILED OCT 20 1942

Registration District No. **149**

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:  
**Roanoke Nursing Home 4**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 years**  
(Specify whether years, months or days)  
In this community **64 years**

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. **3660 Summit**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) **8**  
If yes, name country

3. (a) PRINT FULL NAME **Sidney R. Frink**

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 **Widowed**

6. (b) Name of husband or wife **Mary W. Frink** 6. (c) Age of husband or wife if alive **12** years

7. Birth date of deceased **September 12 1850**  
(Month) (Day) (Year)

8. AGE: Years **92** Months **0** Days **20** If less than one day hr. min.

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

10. Usual occupation **Retired**

11. Industry or business **Architect**

12. Name **George Frink** 13. Birthplace **New York**  
(City, town, or county) (State or foreign country)

14. Maiden name **Charlotte Wells** 15. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H. C. Vollrath**  
(b) Address **5308 Pawnee Lane, Johnson Co. Ks.**

17. (a) **Removal** (b) Date thereof **10-4-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shawnee, Kansas**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **10-3-42** (b) **M. M. Crow**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **2**  
year **1942** hour **1** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Sept 29 1942** to **Oct 2 1942**  
that I last saw him alive on **Oct 2 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic Pneumonia (non-specific)** 1 day

Due to **Fracture Head of Left Humerus** 8 days

Due to **Senility, and faulty vision**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1860** Of autopsy **13**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident 123**

(b) Date of occurrence **8-24-42**

(c) Where did injury occur? **Kansas City Jackson Co MO**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, industrial place, in public place?  
**On elmerth & Grand**

While at work? **no** (Specify type of place) (e) Means of injury **tripped on Sidewalk**

23. Signature **E. B. Burkhardt** (M. D. or other) **M.D.**

Address **3346 Summit** Date signed **9/2/42**

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

48  
86

Wm. E. Blount  
3346 Blount  
Nov 17 03

**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 Clarence W. Child  
Licensed Embalmer No. 3473  
P. O. Address Ke 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.**