

S. No. 2  
DM-2-4  
5-17-3  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30781  
State File No. 3821  
Registrar's No.

FILED SEP 21 1943

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution:  
5617 Indiana Avenue  
(d) Length of stay: In hospital or institution. 63 Years  
In this community 63 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 5617 Indiana Avenue  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mrs. Edna Mary Frink Jackson  
(b) If veteran, name war No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September day 2nd  
year 1943 hour 3 minute 30 P. M.

4. Sex Female Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Mr. Francis M. Jackson  
(c) Age of husband or wife if alive 72 years

21. I hereby certify that I attended the deceased from Jan 6 am 1943 to Sept 2 1943  
that I last saw him alive on Aug 29 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
67 9 18 hr. min.

Immediate cause of death Carcinoma of Intestine  
Obstruction

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

Due to Carcinoma about 4 years

10. Usual occupation Practitioner

Due to Intestinal

11. Industry or business Christian Scientist

Other conditions (Include pregnancy within 3 months of death) 46e

12. Name Sidney R. Frink  
13. Birthplace me Henry co ill!  
14. Maiden name Mary Wallace Smith  
15. Birthplace Smith Mill Illinois

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Francis M. Jackson  
(b) Address 5617 Indiana Avenue

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

17. (a) Burial (b) Date thereof Sept. 4, 1943  
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director W. H. Newcomer, Sr.  
(b) Address 1401 Brush Creek Blvd.

23. Signature James M. Graham (M. D. or other) \_\_\_\_\_  
Address 1515 Argyle Bldg Date signed Sept 3-43

19. (a) 9-4-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

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

518  
1-5  
Corynne Bell

**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 Emile W. Colborn  
Licensed Embalmer No. 3506  
P. O. Address Kenna

**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.**