

FILED DEC 15 1947

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: **1321 Tracy Avenue**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 Years** (Specify whether years, months or days)

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. **1321 Tracy Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **10**

3. (a) PRINT FULL NAME **Arthur Jiner**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **495-03-9856**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ada Jiner** 6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **October 27, 1896**
(Month) (Day) (Year)

8. AGE: Years **51** Months **1** Days **2** If less than one day hr. min.

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

10. Usual occupation **Hod carrier**

11. Industry or business

MOTHER FATHER
12. Name **John Jiner** 9
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Fenie Langston** 9
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Ada Jiner**
(b) Address **1321 Tracy Avenue**

17. (a) **Burial** (b) Date thereof **12/5/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **[Signature]**
(b) Address **1729 1/2 Tracy Avenue**

19. (a) **12-2-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **29th**
year **1947** hour **5** minute **P** M.

21. I hereby certify that I attended the deceased from **Nov. 28, 1947** to **Nov. 29, 1947**
that I last saw **him** alive on **Nov. 29, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**

Due to

Due to

Other conditions **100**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **L. B. Booker** (M. D. or other)

Address **2028 Vine St** Date signed **12/2/47**

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

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.....

J. J. Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.