N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16342

1. PLACE OF DEATH
County JACKSON — Registration District No. 389 — File No.
Township KAW — Primary Registration District No. [illegible] — Registered No. 2135
City KANSAS CITY (No. 2414 ; EAST 28TH St. Ward)

2. FULL NAME ~~GLENN~~ George L RICE
(a) Residence, No. 2414 E 28th St. 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ MRS. LUA V. RICE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY-14-1845

7. AGE: YEARS 87 — MONTHS 4 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MECHANIC
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 7 YRS.

12. BIRTHPLACE (CITY OR TOWN) OSWEGO (STATE OR COUNTRY) NEW YORK

FATHER
13. NAME ISSAC RICE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

MOTHER
15. MAIDEN NAME MARCLY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

17. INFORMANT MRS. ETHEL C. RICE (ADDRESS) 2414 EAST 29TH ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE MAY-31, 1932

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED May 27, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-25, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1932, to May 25, 1932
I last saw him alive on May 25, 1932. Death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	May 21
107A	
107A	

Other contributory causes of importance:

Name of operation none — Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Lawrence E. Hood, M. D.
(Address) 713 Medical Arts Bldg.

113 Medical [illegible]
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