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.

4613

1. PLACE OF DEATH
County: Jackson — Registration District No.: 103
Township: Kaw — Primary Registration District No.: 1002
City: Kansas City (No. 515 Prospect St. Ward)
File No.: 1 — Registered No.: 464

2. FULL NAME: M U S E, Ralph H.
(a) Residence, No. 515 Prospect St., 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~~ Margaret Muse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 19, 1881

7. AGE: Years 5 0 — Months 5 — Days 1 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocer and Oil Station Manager
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:

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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bowling Green, Mo. / Missouri

FATHER
13. NAME: John P. Muse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Flora Huntington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Margaret Muse (wife) 515 Prospect. City.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Elmwood Mausoleum DATE: 2/5/32, 19

19. UNDERTAKER (ADDRESS): Mellody-McGilley Fu. Home ~~Linwood and Euclid~~

20. FILED: 2/5, 19 32 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 3 32

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

Accidental Gun Shot Wound to head & neck — Date of onset

Jumps Verdict

Other contributory causes of importance:

184 / 10 (5) 177

Name of operation: None — Date of:
What test confirmed diagnosis: None — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide: Accidental — Date of injury: Feb 3, 1932
Where did injury occur? Pr. C. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury: Accidental Gun Shot Wound
Nature of injury: Gun shot wound

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed): Hal Langhe, M. D.
(Address): Coroner