

FILED SEP 9 1942

State File No.

Registration District No. 174

Primary Registration District No. 5644

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lexington Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Lexington Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROSIE GOSOROSKI

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 12, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 11 20 hr. min.

9. Birthplace Mayfield, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House duties.

11. Industry or business _____

12. (a) Name Martin Gosoroski
(b) Birthplace Unknown, Poland
(City, town, or county) (State or foreign country)
(c) Maiden name Ida Kosmiski
15. (a) Birthplace Unknown, Poland
(City, town, or county) (State or foreign country)

(a) Informant Mrs. George Simms
(b) Address Lexington, Missouri

17. (a) Burial (b) Date thereof Aug. 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Higginsville, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Richmond, Missouri

19. (a) 8-3-42 (b) Mrs. H. Schwab
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd
year 1942 hour 5:25 minute P. M.

21. I hereby certify that I attended the deceased from May 15, 1942 to Aug 1, 1942
that I last saw him alive on Aug 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Colon (Descending)

Due to _____

Due to _____

Other conditions same
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____

23. Signature [Signature] (M. D. or other) _____
Address Lexington, Mo. Date signed 8/2/42

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

MOTHER-NEATHER

Correctly filled out
in 5 minutes

1138

54
6
E

0

May 15, 1942 to Aug 1, 1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ii.

SEP 16 1942

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-7-42

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 ~~for~~ by

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 2073

P. O. Address Richmond, 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Johnson } ss.

State File No. 275410

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 50

On this 21st day of November, 1942, before me appears

Charles Gosoroski, who, upon his oath, states that the original record of ^{XBACK} death
for Rosie Gosoroski ^{died} August 2nd, 1942, 19 , in the State of ^{born}
Missouri, and which was filed at Lexington, Mo. on Aug. 3, 1942, should be corrected as follows:

Item No. 7 should read August 12, 1892 ^{as shown by family Bible} ~~(see photostat attached)~~

Instead of August 12, 1883

Item No. 21 should read May 15, 1942 to August 1, 1942

Instead of Jan. 1939 to August 1, 1942

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Charles Gosoroski Brother
Relationship.

808 N. College Warrensburg, Mo.
Present Address.

Subscribed and sworn to before me this 21 day of November, 1942.

My Commission expires Feb. 23, 1945 J. Rothwell Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

DEC 1 1949