

FILED AUG 20 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 3012

Registrar's No. 119

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY  
(c) City or town EXCELSIOR SPRINGS  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JACKIE KOROSY

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 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: JULY 22 1947  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 20 hr. \_\_\_\_\_ min.

9. Birthplace EXCELSIOR SPRINGS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business \_\_\_\_\_

12. Name CHAS. J. KOROSY

13. Birthplace OHIO  
(City, town, or county) (State or foreign country)

14. Maiden name DOROTHEA D. HERRELL

15. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. D. Zerell

(b) Address EXCELSIOR SPRINGS, MO.

17. (a) BURIAL (b) Date thereof 7-31-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAWSON, MO.

18. (a) Signature of funeral director Claude Richard

(b) Address EXCELSIOR SPRINGS MO.

19. (a) 9/31/47 (b) Baroline Hutchings  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 30<sup>TH</sup>  
year 1947 hour 2 minute 4 A.M.

21. I hereby certify that I attended the deceased from July 29 to July 30 1947  
that I last saw him alive on July 29 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Clinton Dawson (M. D. or other) \_\_\_\_\_

Address Excelsior Springs, Mo. Date signed 7-31-47

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

MOTHER FATHER

**RECEIVED**

**District Health Officer No. 6**

District File Number ~~XXXXXXXXXX~~

Filed 8-19-47 ~~XXXXXXXXXX~~

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**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..... *E. E. White* .....

Licensed Embalmer No. 4168 .....

P. O. Address Ex. Spgs, 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.**