

FILED AUG 9 1947
Registration District No. 3/1947

Primary Registration District No. 6066

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Roscoe (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 5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 93

(c) City or town Roscoe (rural)
(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 Raymond E. Organ

3. (b) If veteran, No name war

3. (c) Social Security No.

4. Sex Male

5. Color White

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Henrietta Organ

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased: June (Month) 17 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>1</u>	<u>11</u>	hr. min.

9. Birthplace Clinton Missouri
Railroad Brakeman (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Leslie C. Organ

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

14. Maiden name Dora I. Nutt

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

16. (a) Informant Henrietta Organ

(b) Address Roscoe Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-47
(Month) (Day) (Year)
Clinton Missouri

(c) Place: burial or cremation F.E. Goodrich

18. (a) Signature of funeral director Osceola Missouri

(b) Address

19. (a) 7-1-1947 (Date received local registrar) (b) W. H. Secor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1947 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from

..... 19..... to

..... 19.....

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: A4A

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?
.....

(Specify type of place)

While at work?

(Specify type of place) (e) Means of injury 3

23. Signature J. B. ... (M. D. or other)

Address Osceola Mo Date signed 7/28/47

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

MOTHER FATHER

