DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19354

State File No.

FILED JUN 8 1944

Registration District No. 1844 Primary Registration District No. 6228 Registrar's No.

1. PLACE OF DEATH:
(a) County ~~Bates~~ Vernon
(b) City or town Hume, Missouri, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ~~West of Hume 10 miles~~
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution At Home (Specify whether
In this community 50 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County ~~Bates~~ Vernon 108
(c) City or town Hume, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (Rural)
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Andrew Millard Bogan

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Buenna Vista Lynne

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

7. Birth date of deceased May (Month) 1, (Day) 1863 (Year)

8. AGE: Years 81 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Columbus Grove, Ohio. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer-Stockman

11. Industry or business X

MOTHER FATHER
12. Name Andrew Bogan
13. Birthplace No Record, (City, town, or county) Ohio. (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record, (City, town, or county) No Record. (State or foreign country)

16. (a) Informant Roy A. Harris
(b) Address Hume, Missouri, Rural

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-44 (Month) (Day) (Year)
(c) Place: burial ~~xxxxx~~ Lawerence, Oem.

18. (a) Signature of funeral director Konantz Mortuary
(b) Address Fort Scott, Kansas.

19. (a) 5-17-44 (Date received local registrar) (b) Mrs. L. Charles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th., year 1944 hour 1:40 P.M. minute M.

21. I hereby certify that I attended the deceased from May 9, 1944 to May 9, 1944 that I last saw him alive on May 9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to: Chronic Myocarditis	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	
Major findings: Of operations	
Of autopsy None	

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? (e) Means of injury

23. Signature Wm. H. Allen (M. D. or other)
Address Hume Mo Date signed 5/12/44

1223 (Licensed Embalmer's Statement on Reverse Side)

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

R... ...D
District Health Officer No. 7
District File Number 5-44-722
Date Filed 6-7-44

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, ~~xxx~~

, ~~Registered Apprentice No. xxxxxxxxxxxxxxx~~,

~~working under my personal supervision.~~

Signed [signature]

Licensed Embalmer No. 2080

P. O. Address Fort Scott, Kansas.

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.