No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 12 1948

Registration District No. 28

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41444

Primary Registration District No. 5466

Registrar's No. 1145

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town S. Campbell Twp. RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months 26 days (Specify whether years, months or days)

In this community 7 months 26 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Fannin

(c) City or town Bonham
(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 Coleman BOGAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorced ?

6. (b) Name of husband or wife Frances Haynes

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

7. Birth date of deceased December (Month) 26 (Day) 1873 (Year)

8. AGE: Years 74 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Red River County (City, town, or county) Texas (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name ?

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

14. Maiden name Nee Parker

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

16. (a) Informant File

(b) Address MCFP

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 9 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Memorial Park

18. (a) Signature of funeral director Fred C. Thieme

(b) Address 1200 Boonville St

19. (a) 1-6-48 (Date received local registrar) (b) N. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31 year 1947 hour 4 minute 15 A.M.

21. I hereby certify that ~~I~~ the medical staff attended the deceased from May 5, 1947, to December 31, 1947; that ~~I~~ they last saw him alive on December 31, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of liver	Approx. 3 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerotic heart disease	

Major findings:
Of operations
Of autopsy 9 38

PHYSICIAN — Underline the cause of 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? Means of injury

23. Signature E W Morehead (M. D.)

Address Medical Center Fed. Pris. Springfield, Missouri Date signed 1-2-48

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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.....Fred C Thieme.....

Licensed Embalmer No.....2899.....

P. O. Address.....Springfield, 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.