. 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

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38586

FILED DEC 15 1947

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 252

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 623 Orner St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")

(d) Street No. 623 Orner St., 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Alonzo Jefferson BASTIN

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Myrtle May Williams

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

7. Birth date of deceased September (Month) 12, (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	2	22	hr. min.

9. Birthplace Jasper County (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Products Compsny

11. Industry or business

FATHER
12. Name Charles Bastin
13. Birthplace Unknown (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Mary Seymore
15. Birthplace Unknown (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Mr. Earl W. Bastin
(b) Address 623 Orner Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.

19. (a) 12-5-1947 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature) 2 C

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from June 21, 1947, to Dec. 4, 1947; that I last saw him alive on December 30, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	Sudden death
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94A

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? (e) Means of injury 0

23. Signature [signature] M.D. (M. D. or other)

Address Carthage Date signed Dec 5 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-11-953

APR 12 1948

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 Marion Y. McCormick Registered Apprentice No. 17 working under my personal supervision.

Signed Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.