

No. 2  
145  
39  
47070

FILED MAR 13 1948

Registration District No. **8**

Primary Registration District No. **4144**

Registrar's No. **18**

1. PLACE OF DEATH:

(a) County **Cooper**  
(b) City or town **Otterville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**At home.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **All of life in the County.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Cooper** **27**  
(c) City or town **Otterville** **7000**  
(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 **Alfonso Baslee**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male**  5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **May 22<sup>nd</sup> 1979**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**68** **8** **21** hr. min.

9. Birthplace **Cooper County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business.....

12. Name **John Baslee**

13. Birthplace **Cooper County, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Evelyn Scott**

15. Birthplace **Cooper County, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Forest Bohling.**

(b) Address **Boonville, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb. 14<sup>th</sup> /48**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Grove Cemetery.**

18. (a) Signature of funeral director **Goodman & Boller.**

(b) Address **Boonville, Mo.**

19. (a) **2-14-48** (Date received local registrar) (b) **Nellie Mullett** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **12**  
year **1948** hour **4:30** P.M. minute..... M.

21. I hereby certify that I attended the deceased from **Feb 12 - 7:30 AM**  
**AM** 19 **48** to **Feb 12 - 4:30 PM 48**  
that I last saw him alive on **Feb 12 - 4 PM** 19 **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration  
**Coronary occlusion 8 hrs**

Due to **arteriosclerosis** **Stenosis**

Due to.....  
Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations **g4A**  
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) Means of injury.....

23. Signature **Robt L Fogle** (M. D. or other) **MD**  
Address **Otterville Mo** Date signed **2/17/48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8.

District File Number \_\_\_\_\_

Date Filed 3-12-48

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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 \_\_\_\_\_

*J. H. Goodman*

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.