

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3571
Registrar's No. 6

Registration District No. 210

Primary Registration District No. 4322

1. PLACE OF DEATH
Mercer County
(a) County Princeton, Mo.
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution no
In this community all his life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Walter J. Bassett
3. (b) If veteran, no
3. (c) Social Security No. no

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hattie Bassett
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased June 10, 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 25
If less than one day hr. min.

9. Birthplace Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name Elias Bassett
13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Barman
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Lyman Bassett
(b) Address Princeton, Mo.

17. (a) burial
(b) Date thereof Jan 8, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 1-12-44
(b) Swan Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mercer
(c) City or town Princeton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 5, 1944
year 1944 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Jan 21, 1943 to Jan 5, 1944
that I last saw him alive on Jan 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia -
Tuberculosis -
Duration 1 year

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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)
(c) Means of injury

23. Signature
Address
Date signed

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

1367

(Licensed Embalmer's Statement on Reverse Side)

1367

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Neil Moss

Licensed Embalmer No.

263x

P. O. Address

Emator No

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.