	No. 2		EALTH OF MISSOURI	571
1. PLACE OF DEATH COT COUNTY (2) County. Prince ton, Mo. (3) County. Prince ton, Mo. (4) Name of hospital or institution. AO. (5) State. Place of the prince of institution. AO. (6) State. Place of the prince of institution. AO. (7) City or term. (1) County. (1) County. (1) County. (1) County. (1) City or term. (1) City. (1)	-2-43 -17-39		INCAME OF DEATH State Pite No	UIL
(a) County Princeton, Mo. (b) Name of hospital or institution or insin, write "RURAL" and same of township (c) Name of hospital or institution or insing the prince of th	X35697	Registration District No Primary Registration Dist	trict No. 122 Registrar's No. 2	
(a) County Princeton, Mo. (b) Name of hospital or institution or insin, write "RURAL" and same of township (c) Name of hospital or institution or insing the prince of th	?	1. PLACE OF DEATH cer County	2. USUAL RESIDENCE OF DECEASED:	165
(6) City or town if resides dive over limits write "RUNAL" and name of normality) (6) Name of hospital or institution. 10 (7) (1) In out to beopital or institution. 10 (8) Street No. ((I routed street) we have been institution. 10 (9) City or town	el	(a) County—Princeton, Mo	(a) State Massers (b) County Mul	2eV/
3. (b) If veteran, no s. (c) Social Scurity No. 1. I hereby certify that I attended the decayed-from divorced married divorced married of the decayed from divorced married from divorced married of the decayed from divorced married from divorced married from divorced married of the decayed from divorced married of the decayed from divorced married from divorced marr	ő	(b) City or town (If outside city or town limits, write "RURAL" and name of township)	(a) City or town Prince Rail ?	200
3. (b) If veteran, no s. (c) Social Scurity No. 1. I hereby certify that I attended the decayed-from divorced married divorced married of the decayed from divorced married from divorced married of the decayed from divorced married from divorced married from divorced married of the decayed from divorced married of the decayed from divorced married from divorced marr	EC	(c) Name of hospital or institution:	(If outside city or town limits, write "RURAI	L")
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No N			20. DATE OF DEATH: Month day	17484
4. Sex MB18 Facewhite divorced married Color C			1 7 7 7 7	м./
4. Sex MB18 Facewhite divorced married Color C	3 1	1.01	21. I hereby certify that I attended the deceased from	
6. (a) Name of husband or wife alive. 70 years alive. 70 years alive. 70 years 1. Birth date of deceased. Jumph 10; 16 (hz.) (Year) 8. AGE: Years Months Days If less than one day 76 6 25 hr. min. 9. Birthplace. (City, town, or county) (State or foreign country) 10. Usual occupation. Farmer. (City, town, or country) 11. Industry or business 12. Name. Elias Bassett 13. Birthplace. (City, town, or country) (State or foreign country) 15. Birthplace. (City, town, or country) (State or foreign country) 15. Birthplace. (City, town, or country) (State or foreign country) 15. Birthplace. (City, town, or country) (State or foreign country) 16. (a) Informant Lyman Bassett 17. (a) Address. Princeton, Mo. 18. (a) Signature or punctal director. (Meanth) (Day) (Year) (b) Address punctal director. (Meanth) (Day) (Year) (c) Place: burial or cremation. Lowny 18. (a) Signature or punctal director. (Meanth) (Day) (Year) (b) Address punctal director. (Meanth) (Day) (Year) (c) Address punctal director. (Meanth) (Day) (Year) (d) Date reserved heal resistance in foreign country) (d) Means of injury. (Country) (M. D. or burn) 23. Signature (M. D. or burn) Address. Date signed (M. D. or burn) Address. Date signed (M. D. or burn)	<u> </u>		194310	19K.C
Hattie Bassett alive. To years 7. Birth date of deceased. Jumenta 10, 126 (12, 12) (Vear) 8. AGE: Vears Months Days II less than one day 76 6 25 hr. min. 9. Birthplace (City, town, or county) (State or foreign country) 10. Usual occupation. farmer 11. Industry or business. 5 12. Name Elias Bassett 5 13. Birthplace (City, town, or county) (State or foreign country) 15. Birthplace (City, town, or county) (State or foreign country) 15. Birthplace (City, town, or county) (State or foreign country) 16. (a) Informant Lyman Bassett (State or foreign country) (b) Address Durial (b) Date thereof Month) (Day) (Vear) (c) Place: burial or cremation. Jowny (Month) (Day) (Vear) (d) Place: burial or cremation. Jowny (Month) (Day) (Vear) (d) Date of occurrence. (c) Where did injury occur? (City or town) (Country) (Month) (Day) (Vear) (d) Date of occurrence of injury (Month) (Day) (Vear) While at work? (State) (Month) (Day) (Wans) (Month) (Day) (Vear) While at work? (State) Date signed. (Month) (Date signed. (Month) (¥	mare with		19_ 4
The first date of deceased. Th		i —		Duration
Section City, town, or county City town, or cou	동	I DEFCIE DEPECTO	Tulmonay -	1 par.
Section City, town, or county City town, or cou	Ţ	(Year)	JuferCulftes-	2
11. Industry or business Elias Bassett Major findings: 12. Name Elias Bassett Underline the cause to which death should be charged statistically.		8. AGE: Years Months Days If less than one day	Due to	
11. Industry or business Elias Bassett Major findings: 12. Name Elias Bassett Underline the cause to which death should be charged statistically.	ž	76 6 25		
11. Industry or business Elias Bassett Major findings: 12. Name Elias Bassett Underline the cause to which death should be charged statistically.	9		Due to	
11. Industry or business Elias Bassett Major findings: 12. Name Elias Bassett Underline the cause to which death should be charged statistically.		Q. Rirthplace	/)-	
11. Industry or business. 12. Name		_	Other conditions.	
12 Name Ellas Daggett 12 Name England 13 Birthplace England 14 Maiden name Barman 15 Birthplace 15 Birthplace City, town, or county) (State or foreign country) 16 (a) Informant Lyman Bassett (State or foreign country) (b) Address Princeton, Mo. (City, town, or count) (b) Date thereof (Month) (Day) (Year) (c) Place: burial or cremation, or removal) (b) Date thereof (Month) (Day) (Year) (c) Place: burial or cremation Lowry (Month) (Day) (Year) (b) Address Lyman Bassett (Month) (Day) (Year) (c) Place: burial or cremation Lowry (Month) (Day) (Year) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Means of injury (f) Mea			(Tactado preguante) within 3 months of death)	PHYSICIAN
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(c) Place: burial or cremation. OWTY 18. (a) Signature of Funeral director. (b) Address Our Call (c) Place: burial or cremation. (d) Date of occurrence. (e) Where did injury occur? (f) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Where did injury occur? (f) Did injury occur in or about home, on farm, in industrial place, in public place? (f) While at work? (g) Means of injury. (g) Mean		16. (a) Informant	(a) Accident, suicide, or homicide (specify)	********************
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18. (a) Signature of Funeral director with the signature of Funeral director with the signature of Funeral director with the signature with the si		(Burial, cremation, or removal) (Month) (Day) (Year)	(d) Did injury occur in or about home, on farm, in industrial place, in	public place?
(b) Address Cure Clar (M. D. or 19. (a) (Date received local registrar's signature) While at work) (c) Means of injury. 4. 23. Signature 23. Signature 23. Date signed.		- Charles Mars	(Secily type of place)	
19. (a) (Date received local registrar) (b) June Martin (Registrar's signature) Address (M. D. or Martin Address Date signed.		The same of the same	While at work? (e) Means of injury	***********
(Data received local registrar) (Registrar's signature) Address		1-19-44 G. Mart.	23. Signature (M. D. or.	
1367 (Licensed Embalmer's Statement on Reverse Side)		(Data received local registrar) (Registrar's signature)	Address July Letter , Zub. Date sign	ed.
	1367 (Licensed Embalmer's Statement on Reverse Side)			

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STATE	EMENT BY LICENSED EMBALMER	٠
I hereby certify that the body whose name is recorde	d on the reverse side of this certificate was embalmed by me, or by	<u> </u>
	, Registered Apprentice No	
working under my personal supervision.		
	Signed Hall Mass	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.