

S. No. 2  
M-5-43-  
7-5-17-39  
I X36671

FILED MAY 12 1947  
Registration District No. **18**

Primary Registration District No. **4163**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
(a) County **DAVIES**  
(b) City or town **JAMESPORT**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) **6 years**

3. (a) PRINT FULL NAME **WILLARD PROVORSE**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **NONE**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Belle Provorse** 6. (c) Age of husband or wife if alive **78** years  
7. Birth date of deceased **SEPT. 15, 1868**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **6** Days **16** If less than one day - hr. - min.

9. Birthplace **GRIMMELL TOWN**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED FARMER**

11. Industry or business **FARM**

12. Name **HIRSH PROVORSE**

13. Birthplace **UNKNOWN CANADA**  
(City, town, or county) (State or foreign country)

14. Maiden name **MIRYKA Mc DONALD**

15. Birthplace **UNKNOWN CANADA**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Leo Floyd Peters**  
(b) Address **JAMESPORT, MO.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **April 3, 1947**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Memorial County, Missouri**

18. (a) Signature of funeral director **Raymond A. Damm**  
(b) Address **Drummond, Mo.**

19. (a) **4-5-47** (Date received local registrar) (b) **Virginia M. Engelhardt** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Duncan**  
(c) City or town **JAMESPORT**  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **1** year **1947** hour **11:30** minute **P** M.  
21. I hereby certify that I attended the deceased from **Feb 1, 1947** to **April 1, 1947**  
that I last saw him alive on **April 1, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Peritonitis**

Due to **Intestinal Obstruction**

Due to **Carcinoma of Cecum**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **H&E**

Of autopsy \_\_\_\_\_

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) (e) Means of injury **2**

23. Signature **T B Bailey** (M. D. or other) **MD**

Address **Jamesport, Mo.** Date signed **4-3-47**

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

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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:

*Wallace E. Ryan*

Registered Apprentice No. *458*

working under my personal supervision.

Signed:

*Raymond A. Dwan*

Licensed Embalmer No.

*3424*

P. O. Address

*Juntura 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.