

FILED APR 18 1940

Registration District No. 508

Primary Registration District No. 3026

Registrar's No. 38

## 1. PLACE OF DEATH:

(a) County Livingston  
 (b) City or town Chillicothe  
 (c) Name of hospital or institution:  
709 East Street  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community Sixty years.  
 years, months or days)

3. (a) PRINT FULL NAME John Louis Provolt

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 Married6. (b) Name of husband or wife Lora Bell Provolt 6. (c) Age of husband or wife if alive 72 years7. Birth date of deceased September 8 1862  
(Month) (Day) (Year)8. AGE: Years 72 Months 6 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Indianapolis Indiana  
(City, town, or county) (State or foreign country)10. Usual occupation Contractor.

11. Industry or business \_\_\_\_\_

12. Name John Provolt13. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature John R. Provolt(b) Address 120 Elm Chillicothe, Mo.17. (a) Burial (b) Date thereof 3-13-40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Edgewood Cem.18. (a) Signature of funeral director F. B. Norman(b) Address Chillicothe, Mo.19. (a) 3-12-40 (b) W. B. Grace, M.D.  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")(d) Street No. 709 East Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10  
year 1940 hour 12 minute 50 P. M.21. I hereby certify that I attended the deceased from Jan 4  
\_\_\_\_\_, 1939, to March 10, 1940  
that I last saw him alive on March 10, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cancer of the ascending colon

Duration

2 years

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)  
(e) Means of injury \_\_\_\_\_23. Signature J. H. Wease (M. D. or other) \_\_\_\_\_Address Chillicothe, Mo. Date signed 3/12/40

RECEIVED  
District Health Officer No. 11;  
District File Number 440-593  
Date Filed APR 16 1940

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.....

Elton F. Norman & E. R. Norman (2374) Registered Apprentice No.....  
working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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, above space should be left blank.