

**FILED NOV 8 1944**  
Registration District No. 137

Primary Registration District No. 5536

Registrar's No. 85

1. PLACE OF DEATH:  
(a) County Holt  
(b) City or town Oregon (Rural) Lewis Twp.  
(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) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 47 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Holt 44  
(c) City or town Oregon (Rural) Lewis Twp. 0  
(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 0

3. (a) PRINT FULL NAME Charles Jonathan Davis

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 Nellie Davis 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 13, 1881  
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

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

12. Name John Davis

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Drake

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Davis

(b) Address Mound City, Missouri

17. (a) Burial (b) Date thereof Oct. 15, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pettigrew

(b) Address Oregon, Missouri

19. (a) 10-15-44 (b) Pauline Pearson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11  
year 1944 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 20, 1943, to OCT 13, 1944;

that I last saw him alive on OCT. 11, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: HYPOSTATIC PNEUMONIA Duration 1 DAY

Due to MITRAL STENOSIS 2 YEARS

Due to \_\_\_\_\_

Other conditions: (Include pregnancy within 3 months of death) Q2

Major findings: Of operations \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Dr. H. E. Cobbin (M. D. or other) D.O.

Address Farm City, Mo. Date signed OCT. 26, 44

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

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

400

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.....  
Licensed Embalmer No. 3192  
P. O. Address Oregon, Missouri

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.