

FILED MAY 16 1946

Registration District No. **211**

Primary Registration District No. **J-7-77 4324**

Registrar's No. **4-46**

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

1. PLACE OF DEATH:

(a) County: **Miller**  
 (b) City or town: **Joscoombia**  
 (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: **All life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

**Davis Asberry Hickey**

3. (b) If veteran, name war: **✓**

3. (c) Social Security No. **499-03-1433**

4. Sex: **M** 5. Color or race: **W** 6. (a) Single, widowed, married, divorced: **div 3**  
 6. (b) Name of husband or wife: **✓** 6. (c) Age of husband or wife if alive: **4** years  
 7. Birth date of deceased: **MAY 4 1895** (Month) (Day) (Year)

8. AGE: Years **70** Months **11** Days **15** If less than one day hr. min.

9. Birthplace: **MISSOURI** (City, town, or county) (State or foreign country)

10. Usual occupation: **FARMING**

11. Industry or business

MOTHER FATHER {  
 12. Name: **GRANVILLE Hickey**  
 13. Birthplace: **MISSOURI** (City, town, or county) (State or foreign country)  
 14. Maiden name: **✓**  
 15. Birthplace: **MISSOURI** (City, town, or county) (State or foreign country)

16. (a) Informant: **MYRON Hickey**  
 (b) Address: **IBERIA, MISSOURI**  
 17. (a) **BURIAL** (b) Date thereof: (Month) (Day) (Year)  
 (c) Place: burial or cremation

18. (a) Signature of funeral director: **Walter P. Nedger**  
 (b) Address: **IBERIA, MO.**  
 19. (a) **April 23, 1946** (b) **Mrs. Richard Wright** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Miller**  
 (c) City or town: **Joscoombia** (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 **19<sup>th</sup>** year **1946** hour **2** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **April 15** to **April 19, 1946** that I last saw him alive on **April 19, 1946** and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocarditis** Duration **5 yr**  
 Due to: **Cardio Renal Vascular Dia** **10 yr**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

**1946**

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: **M. E. Humphrey** (M. D. or other) **DO**  
 Address: **Joscoombia, Mo.** Date signed: **5-20-46**

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RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 5-14-46

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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 Walter P. Hedges  
Licensed Embalmer No. 4265  
P. O. Address Beria, 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.**