

Registration District No. 6 Primary Registration District No. 3001

1. PLACE OF DEATH:
(a) County ANDRAIN
(b) City or town VANDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 309 South Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 57 yrs
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ANDRAIN 4
(c) City or town VANDALIA 2
(If outside city or town limits, write "RURAL")
(d) Street No. 309 South Jefferson 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALMIRA Owsley FATHING
(b) If veteran, name war
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mch day 3rd year 1948 hour 6 minute 00 A.M.
21. I hereby certify that I attended the deceased from Nov 3 - 1947 to Mch 3, 1948 that I last saw ~~her~~ alive on Feb 22, 1948 and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis
Duration

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
(b) Name of husband or wife JAMES A. FATHING
(c) Age of husband or wife if alive years
7. Birth date of deceased Sept 2 1854
(Month) (Day) (Year)

Due to Genuity
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.

8. AGE: Years 93 Months 6 Days 1 If less than one day hr. min.

9. Birthplace WILLIAMSBURG MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOMEMAKER

11. Industry or business

MOTHER FATHER {
12. Name JOHN J. Mosby
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name SUSANNA Short Dodge
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Sue M. Dyer (Daughter)
(b) Address Vandalia Mo

17. (a) Burial (b) Date thereof Mar 5 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Cemetery

18. (a) Signature of funeral director M. S. Natus
(b) Address Vandalia Mo

19. (a) March 4 1948 Mollie Fagius
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature M. W. Blaud (M. D. or other) Address Vandalia Mo Date signed 3/4/48

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

MAR 13 1948

RECEIVED
District Health Officer No. 10
District File Number 3-48-494
MAR 10 1948
Date Filed

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 William B. Waters
Licensed Embalmer No. 4169
P. O. Address Vandalia 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.