

FILED OCT 17 1946

Registration District No. 2

Primary Registration District No. 4009

State File No. _____

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Savannah
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Doctor Nichols Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month
(Specify whether
In this community 1 month
years, months or days)

3. (a) PRINT FULL NAME Horace Humbert Harding

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 3 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Seymour Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Hotel Clerk

11. Industry or business _____

MOTHER FATHER

12. Name Altus Harding

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

14. Maiden name Unknown

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

16. (a) Informant Miss Margaret Cook

(b) Address Lone Pine, California

17. (a) Removal (b) Date thereof 10/3/ 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bishop, California

18. (a) Signature of funeral director Halter Meierhoff

(b) Address 1302 Farron, St. Joseph, Missouri

19. (a) 10-3-46 (b) Lellaway Park
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County Inyo 999
(c) City or town Lone Pine 4
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30th
year 1946 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from Sept 30 1946
that I last saw him alive on Sept 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 1 1/2

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93P

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 0

23. Signature J. B. Ottman (M. D. _____)

Address Savannah Mo Date signed 9/30/46

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

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.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3258 Missouri.....

P. O. Address St. Joseph, 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.