

	Hardy & Hardy Funeral Home Record
Name of Deceased	William Marion Anderson
Date of Entry	September 03, 1955
Page Number	Page 294
Marital Status	Married
Residence	Geneva, Indiana
Charge To	
Address	
Order Given By	
Spouse	
If Veteran, State War	
Occupation	Farmer
Social Security No.	
Employer and Address	
Date of Death	Sept. 3, 1955; 10:30 p.m.
Date of Birth	March 3, 1863
Age	92 years
Date of Funeral	September 6, 1955; Tuesday; 2:00 p.m.
Services At	Hardy Funeral Home
Clergyman	Rev. A. B. McKain - city
Religion of the Deceased	
Birthplace	Hartford Township, Indiana
Resided in the State	
Place of Death	At home
Cause of Death	Metastatic Carcinoma
Contributory Cause	Prostatic in origin
Certifying Physician	Dr. C. P. Hinchman
His Address	Geneva, Indiana
Name of Father	Badgley Anderson
His Birthplace	Ohio
Maiden Name of Mother	Elizabeth Hall
Her Birthplace	Ohio
Motor/Ship Remains To	
Size of Casket	
Manufactured By	Batesville Casket Co.
Cemetery	Alberson
Note	
Grave No.	
Section No.	
Block No.	
Owner	

# RECORD OF FUNERAL

No. 294  
 Name of Deceased William M. Anderson  
 Residence Denise, Ind.  
 Charge to.....  
 Address.....  
 Order given by.....  
 How Secured.....  
 If Veteran, State War.....  
 Occupation Armer  
 Employer and Address.....  
 Date of Death Sept. 3, 1955  
 Date of Birth March 13, 1863  
 Age 92  
 Date of Funeral Sept. 6, 1955  
 Services at St. Mary's Church, Hartford, Conn.  
 Clergyman Rev. A. S. McKeen, City  
 Religion of the Deceased.....  
 Birthplace Hartford, Conn.  
 Resided in the State.....  
 Place of Death At home  
 Cause of Death Metastatic Carcinoma  
 Contributory Causes Prostatic in origin  
 Certifying Physician Dr. C. P. Hinchman  
 His Address Genoa, Ind.  
 Name of Father Brookley Anderson  
 His Birthplace Ohio  
 Maiden Name of Mother Elizabeth Hall  
 Her Birthplace Ohio  
 Motor Ship } Remains to.....  
 Size of Casket.....  
 Manufactured by Burtonville Casket Co.  
 Cemetery Ableson  
 Owner.....

57091  
 Division of Lot or Tract

Lot No.....  
 Grave No.....  
 Section No.....  
 Block No.....  
 Owner.....

No. 293  
 Name of Deceased W. M. Anderson  
 Residence.....  
 Address.....  
 Order given by.....  
 How Secured.....  
 If Veteran, State War.....  
 Occupation.....  
 Employer and Address.....  
 Date of Death Aug. 18, 1955  
 Date of Birth July 12, 1867  
 Age.....  
 Date of Funeral.....  
 Services at.....  
 Clergyman Rev. R. J. ...  
 Religion of the Deceased.....  
 Birthplace Jay Co. Hospital  
 Resided in the State.....  
 Place of Death Jay Co. Hospital  
 Cause of Death Atelectasis  
 Contributory Causes Peritonitis  
 Certifying Physician Dr. J. P. ...  
 His Address Genoa, Ind.  
 Name of Father Jay Whitstone  
 His Birthplace Jay Co. Hospital  
 Maiden Name of Mother Grace Smith  
 Her Birthplace.....  
 Motor Ship } Remains to.....  
 Size of Casket.....  
 Manufactured by W. M. ...  
 Cemetery Gravel Hill  
 Owner.....

Lot No.....  
 Grave No.....  
 Section No.....  
 Block No.....  
 Owner.....