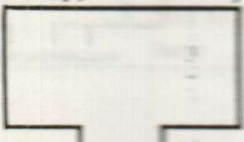


Hardy & Hardy Funeral Home Record

Name of Deceased	Daniel Baker
Page Number	Page 53
Marital Status	Divorced
Residence	Geneva, Indiana
Charge To	(blank)
Address	(blank)
Order Given By	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	Farmer
Social Security Number	(blank)
Employer and Address	(blank)
Date of Death	12/17/1947 1:10 A.M.
Date of Birth	March 17, 1876
Age	71 years; 9 months; 10 days
Date of Funeral	Dec. 19, 1947; Friday; 1:30 P.M.
Services At	Bethel Church
Clergyman	(blank)
Religion of the Deceased	(blank)
Birthplace	(blank)
Resided in the State	(blank)
Place of Death	Geneva, Indiana
Cause of Death	Heart Failure; right
Contributory Cause	and left
Certifying Physician	Dr. Beavers
His Address	Berne, Ind.
Name of Father	William Baker
His Birthplace	(blank)
Maiden Name of Mother	Phoebe Ghem
Her Birthplace	(blank)
Motor/Ship Remains To	(blank)
Size of Casket	(blank)
Manufactured By	(blank)
Cemetery	Mt. Hope
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

pg 53 Yearly No. _____
 Name of Deceased Daniel Baker
 Married Single Widowed Divorced
 Residence Geneva, Ind.
 Charge to _____
 Address _____
 Order given by _____ (Informant)
 How Secured _____
 If Veteran, State War _____
 Occupation Farmer (Social Security Number) _____
 Employer and Address _____
 Date of Death Sept 7, 1947 1:10 ^{PM} (Hour)
 Date of Birth March 7, 1876
 Age 71 ⁹ (Days) 10 (Days)
 Date of Funeral Sept 9 ^{PM} 1:30 (Hour) M
 Service at Bethel Church
 Clergyman _____ (Address) _____
 Religion of the Deceased _____
 Birthplace _____
 Resided in the State _____ (or U.S. or City & County) (Years) (Months)
 Place of Death Geneva, Ind.
 Cause of Death Heart Failure, right
 Contributory Causes and left.
 Certifying Physician Dr. Beasler (or Coroner)
 His Address Geneva, Ind.
 Name of Father William Baker
 His Birthplace _____
 Maiden Name of Mother Phoebe Thomas
 Her Birthplace _____
 Minter } Remains to _____
 Ship }
 Size of Casket _____ (State Color and Weather)
 Manufactured by _____
 Cemetery } The Hope
 Crypts }
 Lot No. _____
 Grave No. _____
 Section No. _____
 Block No. _____
 Owner _____



Division of Labor Health