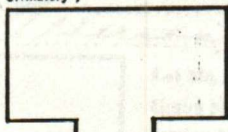


Hardy & Hardy Funeral Home  
Record

Name of Deceased	John Lodicy Boice
Page Number	Page 37
Marital Status	Married
Residence	Geneva, Indiana
Charge To	Mrs. John Boice
Address	(blank)
Order Given By	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	(blank)
Social Security Number	311-03-9647
Employer and Address	(blank)
Date of Death	September 18, 1947
Date of Birth	September 28, 1895
Age	(blank)
Date of Funeral	(blank)
Services At	Evan. United Brethren
Clergyman	(blank)
Religion of the Deceased	(blank)
Birthplace	(blank)
Resided in the State	(blank)
Place of Death	Adams Co., Ind.
Cause of Death	Cancer
Contributory Cause	Carcinoma Rectum
Certifying Physician	Dr. C. P. Hinchman
His Address	Geneva, Indiana
Name of Father	Bart Boice
His Birthplace	(blank)
Maiden Name of Mother	Jesse Fallen
Her Birthplace	(blank)
Motor/Ship Remains To	(blank)
Size of Casket	(blank)
Manufactured By	(blank)
Cemetery	Riverside
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

# RECORD OF FUNERAL

Pg. 37 Yearly No. \_\_\_\_\_  
 Name of Deceased John Lacey Baice  
 Married  Single  Widowed  Divorced  
 Residence Geneva, Indiana  
 Charge to Mrs. Janet Baice  
 Address \_\_\_\_\_  
 Order given by \_\_\_\_\_  
(or Informant)  
 How Secured \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation \_\_\_\_\_  
311-03-9647  
(Social Security Number)  
 Employer and Address \_\_\_\_\_  
 Date of Death Sept. 18, 1947  
(Date) (Time) (Place)  
 Date of Birth Sept. 28, 1895  
(Date) (Month) (Day)  
 Age \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
(Date) (Day of Week) (Place)  
 Services at Ev. M. United Brethren  
 Clergyman \_\_\_\_\_  
(Address)  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace \_\_\_\_\_  
 Resided in the State \_\_\_\_\_  
(or U. S. or City or County) (Year) (Month)  
 Place of Death Adams Co., Ind.  
 Cause of Death Cancer  
 Contributory Causes Carcinoma Rectum  
 Certifying Physician Dr. C. P. Hinckley  
(or Coroner)  
 His Address Geneva, Ind.  
 Name of Father Bart Baice  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Jesse Fuller  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket \_\_\_\_\_  
(State Color and Number)  
 Manufactured by \_\_\_\_\_  
 Cemetery } Revere  
 Crematory }



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

Pg. 38  
 Name of Deceased \_\_\_\_\_  
 Married  
 Residence \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 Address \_\_\_\_\_  
 Order given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer and Address \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Age \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
(Date) (Day of Week) (Place)  
 Services at \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace \_\_\_\_\_  
 Resided in the State \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Contributory Causes \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Address \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_  
 Motor } Remains to \_\_\_\_\_  
 Ship }  
 Size of Casket \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Cemetery } West  
 Crematory }