

## Hardy &amp; Hardy

## Funeral Home Record

Name of Deceased	Alta Edna Bryan
Page Number	
Marital Status	Not stated
Residence	Bryant, Ind
Charge To	(blank)
Address	(blank)
Order Given By	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	Housewife
Employer and Address	(blank)
Date of Death	May 22, 1951
Date of Birth	March 3, 1887
Age	64 Years, 2 Months, Days
Date of Funeral	5/24/51 Thurs 2:00?
Services At	Hardy Funeral Home
Clergyman	Rev. Garth Shepherd
Religion of the Deceased	(blank)
Birthplace	Jay Co, Ind
Resided in the State	(blank)
Place of Death	Jay Co. Hospital
Cause of Death	Coronary Thombosis
Contributory Cause	Diabetes Mellitus
Certifying Physician	Dr. J V Schatgen
His Address	Geneva, Indiana
Name of Father	Wm. Perry Butcher
His Birthplace	(blank)
Maiden Name of Mother	Emma Gierhart
Her Birthplace	(blank)
Motor/Ship Remains To	(blank)
Size of Casket	Safix - Mah Finish
Manufactured By	Cincinnati Coffin
Cemetery	Gravel Hill
Lot No.	(cut off)

# RECORD OF FUNERAL

Serial No. 164 Yearly No. \_\_\_\_\_ Date of Entry \_\_\_\_\_  
 Name of Deceased Alta Edna Bryant

Married  Single  Widowed  Divorced

Residence: Bryant, Ind.

Charge to: \_\_\_\_\_

Address: \_\_\_\_\_

Order given by: \_\_\_\_\_

How Secured: \_\_\_\_\_

If Veteran, State War \_\_\_\_\_

Occupation: Housewife

Employer and Address: \_\_\_\_\_

Date of Death: May 22, 1957 3:00 P.M.

Date of Birth: March 3, 1887

Age: 64 2

Date of Funeral: 5/24/57 2:00 P.M.

Services at: Funeral Home

Clergyman: Rev. Larch Shepherd

Religion of the Deceased: \_\_\_\_\_

Birthplace: Jay Co. Ind.

Resided in the State: \_\_\_\_\_

Place of Death: Jay Co. Hospital

Cause of Death: Complications

Contributory Causes: Diabetes Mellitus

\_\_\_\_\_

Certifying Physician: Dr. J. J. Schutka

His Address: Geneda, Ind.

Name of Father: Wm. Casey Butcher

His Birthplace: \_\_\_\_\_

Maiden Name of Mother: Emma Pierhead

Her Birthplace: \_\_\_\_\_

Motor Ship } Remains to \_\_\_\_\_

Size of Casket: Saxix - Mah. Finnish

Manufactured by: Cincinnati Coffin

Cemetery Crematory } Gravel Hill

\_\_\_\_\_

\_\_\_\_\_

Serial No. \_\_\_\_\_  
 Name of Deceased \_\_\_\_\_  
 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 \_\_\_\_\_  
 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 Ship \_\_\_\_\_