

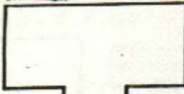
Hardy & Hardy Funeral Home Record

| | |
|--------------------------|-------------------------------------|
| Name of Deceased | William Glenn Bryan |
| Page Number | Page 102 |
| Marital Status | Married |
| Residence | Geneva, Ind. R. R. |
| Address | (blank) |
| How Secured | (blank) |
| If Veteran, State War | (blank) |
| Occupation | Minister |
| Social Security No. | (blank) |
| Employer and Address | (blank) |
| Date of Death | June 19, 1949 |
| Date of Birth | August 5, 1889 |
| Age | 59 Years |
| Date of Funeral | June 22, 1949; Wednesday; 2:00 P.M. |
| Services At | Union Chapel Methodist |
| Clergyman | Rev. James Wilkins, Geneva |
| Religion of the Deceased | Methodist |
| Birthplace | Ohio |
| Resided in the State | (blank) |
| Place of Death | At Home |
| Cause of Death | Bowel Obstruction |
| Contributory Cause | Parkinson's Disease |
| Certifying Physician | Dr. C. P. Hinchman |
| His Address | Geneva, Ind. |
| Name of Father | Cessna Bryan |
| His Birthplace | Ohio |
| Maiden Name of Mother | Mary Muterspaugh |
| Her Birthplace | Ohio |
| Motor/Ship Remains To | (blank) |
| Size of Casket | Metal |
| Manufactured By | (blank) |
| Cemetery | Alberson |
| Lot No. | (blank) |
| Grave No. | (blank) |
| Section No. | (blank) |
| Block No. | (blank) |
| Owner | (blank) |

RECORD OF FUNERAL

~~102~~ **102** Yearly No. Date of Entry
 Name of Deceased *William Glenn Bryan*
 Residence *Genoa, Ind. R.R.*
 Charge to: _____
 Address: _____
 Order given by: _____
 How Secured: _____
 If Veteran, State War _____
 Occupation *Minister*
 Employer and Address _____
 Date of Death *June 19, 1949*
 Date of Birth *August 5, 1879*
 Age *59*
 Date of Funeral *June 22-49 Wed. 2:00 P.M.*
 Services at *Union Chapel Methodist*
 Clergyman *Rev. James McKinnis, Genoa*
 Religion of the Deceased *Methodist*
 Birthplace *Ohio*
 Resided in the State _____
 Place of Death *At Home*
 Cause of Death *Bowel Obstruction*
 Contributory Causes *Parkinson's Disease*
 Certifying Physician *Dr. C. P. Hinckman*
 His Address *Genoa, Ind.*
 Name of Father *Cesare Brigant*
 His Birthplace *Ohio*
 Maiden Name of Mother *Mary Matersoff*
 Her Birthplace *Ohio*
 Motor Ship) Remains to _____
 Size of Casket *7 Metal*
 Manufactured by _____
 Cemetery or Mortuary *Alberson*

~~102~~ Name of Deceased _____
 Residence *Genoa*
 Charge to: _____
 Address: _____
 Order given by: _____
 How Secured: _____
 If Veteran, State War _____
 Occupation *Minister*
 Employer and Address _____
 Date of Death *May*
 Date of Birth *May*
 Age *32*
 Date of Funeral *5/15*
 Services at *Genoa*
 Clergyman *Rev. K.*
 Religion of the Deceased _____
 Birthplace *Bluffton*
 Resided in the State _____
 Place of Death _____
 Cause of Death *Stroke*
 Contributory Causes _____
 Certifying Physician _____
 His Address _____
 Name of Father *Will*
 His Birthplace *Will*
 Maiden Name of Mother _____
 Her Birthplace *Will*
 Motor Ship) Remains to _____
 Size of Casket _____
 Manufactured by _____
 Cemetery or Mortuary *Alberson*



Lot No. _____
 Grave No. _____
 Section No. _____
 Block No. _____
 OWNER _____