

Hardy & Hardy Funeral Home
Record

Name of Deceased	Otis Ira Burk
Page Number	Page 91
Marital Status	Married
Residence	R. R. Geneva
Charge To	(blank)
Address	(blank)
Order Given By	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	Retired School Teacher
Employer and Address	(blank)
Date of Death	February 6, 1949; 6:20 P.M.
Date of Birth	August 24, 1881
Age	67 Years
Date of Funeral	February 9, 1949; Wednesday; 2:00 P.M.
Services At	E. U. B. Church
Clergyman	Rev. Yak & Rev. Schwartz
Religion of the Deceased	(blank)
Birthplace	Jay County, Indiana
Resided in the State	(blank)
Place of Death	At Home
Cause of Death	Uremia
Contributory Cause	Essential Hypertension; Severe Cardiac Decompensation
Certifying Physician	Dr. J. V. Schetgen
His Address	Geneva, Ind.
Name of Father	Bartley Burk
His Birthplace	Indiana
Maiden Name of Mother	Christene Kelly
Her Birthplace	Indiana
Motor/Ship Remains To	(blank)
Size of Casket	Crane & Breed
Manufactured By	(blank)
Cemetery	Riverside
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

RECORD OF FUNERAL

No. 9991 Yearly No. 1949 Date of 1949
 Name of Deceased Miss Mrs. Burk
 Married Single Widowed Divorced Husband
 Residence: 16 R. Geneva
 Charge to: _____
 Address: _____
 Order given by: _____ (or Informant)
 How Secured: _____
 If Veteran, State War _____
 Occupation Retired School Teacher (Social Security Number) _____
 Employer and Address _____
 Date of Death 2-6-49 (Date) 6:30 P.M. (Hour)
 Date of Birth Aug. 24, 1881
 Age 67 (Years) _____ (Month) _____ (Days)
 Date of Funeral 2-9-49 (Date) Wed (Day of Week) 2:00 (Hour) P.M.
 Services at E. H. B. Church
 Clergyman Rev. John R. Security (Address)
 Religion of the Deceased _____
 Birthplace Jay Co. Indiana
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death at Home
 Cause of Death Uremia
 Contributory Causes Essential Hypertension
Severe Cardiac Decompensation
 Certifying Physician Dr. J. V. Schetzgen (or Coroner)
 His Address Geneva, Ind.
 Name of Father Bardeley Burk
 His Birthplace Indiana
 Maiden Name of Mother Christene Kelly
 Her Birthplace Indiana
 Motor Ship } Remains to _____
 Size of Casket _____ (State Color and Number)
 Manufactured by Crown & Breed
 Cemetery } Reverside
 Crematory }
 Diagram of Lot or Vault

Date of _____
 Name of Deceased _____
 Residence: _____
 Charge to: _____
 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 } Remains to _____
 Size of Casket _____
 Manufactured by _____
 Cemetery } _____
 Crematory }