

	Hardy & Hardy Funeral Home
Name of Deceased	Barbara Ellen Campbell
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Marital Status	Widowed
Residence	Geneva, Indiana
Charge To	
Address	
How Secured	
If Veteran, State War	
Occupation	Housewife
Social Security No.	
Employer and Address	
Date of Death	May 06, 1950
Date of Birth	April 22, 1857
Age	93 Years
Date of Funeral	May 9, 1950; Tuesday; 5:00 p.m.
Services At	Hardy Funeral Home
Clergyman	Rev. Clayton Steele
Religion of the Deceased	
Birthplace	Geneva, Indiana
Resided in the State	
Place of Death	At home
Cause of Death	Hypostatic Pneumonia
Contributory Cause	Failing Heart
Certifying Physician	Dr. C. P. Hinchman
His Address	Geneva, Indiana
Name of Father	Cornelius Baker
His Birthplace	
Maiden Name of Mother	Elizabeth Rawley
Her Birthplace	
Motor/Ship Remains To	
Size of Casket	
Manufactured By	
Cemetery	Bunker Hill
Lot No.	
Grave No.	
Section No.	
Block No.	
Owner	

RECORD OF FUNERAL

~~Form~~ **pg 130** Yearly No. **130**

Name of Deceased **Barbara Ellen Campbell**
 Married Single Widowed Divorced

Residence: **Geneva, Ind**

Charge to:

Address:

Order given by:

How Secured:

If Veteran, State War:

Occupation **Housewife**
(Social Security Number)

Employer and Address:

Date of Death **May 6, 1950**
(Date) (Clear)

Date of Birth **April 22, 1857**
(Date) (Clear)

Age **93**
(Years) (Months) (Days)

Date of Funeral **5/9/50 Tues 2:00 P**
(Date) (Day of Week) (Time)

Services at **Hardy Funeral Home**

Clergyman **Rev. Clayton Steele**
(Address)

Religion of the Deceased:

Birthplace **Geneva, Ind**

Resided in the State:

Place of Death **At Home**
(or U. S. or City or County) (Town) (Ward)

Cause of Death **Thyroidatic tumor**

Contributory Causes **Failing Heart**

Certifying Physician **Dr. C. P. Hutchinson**
(Signature)

His Address **Geneva, Ind**

Name of Father **Caroline Baker**

His Birthplace:

Maiden Name of Mother **Elizabeth Rawley**

Her Birthplace:

Motor } Remains to

Ship }

Size of Casket:

Manufactured by:

Cemetery } **Bunker Hill**
 Crematory }

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Name of Deceased **Richard**
 Married Single

Residence:

Charge to: **Richard**

Address: **City**

Order given by:

How Secured:

If Veteran, State War:

Occupation:

Employer and Address:

Date of Death **May 3, 1950**
(Date) (Clear)

Date of Birth **April 20, 1900**
(Date) (Clear)

Age **50**
(Years) (Months) (Days)

Date of Funeral **5-3-1950**
(Date) (Clear)

Services at **Hardy Funeral Home**

Clergyman **Rev. East**

Religion of the Deceased:

Birthplace **Portland**

Resided in the State:

Place of Death **Hospital**
(or U. S. or City or County) (Town) (Ward)

Cause of Death **Respiratory**

Contributory Causes **Cancer**

Certifying Physician **Dr. J. J.**
(Signature)

His Address **City**

Name of Father **Richard**

His Birthplace:

Maiden Name of Mother **Neil**

Her Birthplace:

Motor } Remains to

Ship }

Size of Casket: