

Hardy & Hardy Funeral Home Record

Name of Deceased	William Henry Clark
Page Number	Page 4
Marital Status	Married
Residence	Hartford Twp., Adams Co.
Charge To	(blank)
Address	Hartford Twp., Adams Co.
Order Given By	Maud Clark - wife
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	Farmer
Social Security Number	(blank)
Employer and Address	(blank)
Date of Death	November 23, 1946; 8:15 P.M.
Date of Birth	September 30, 1880
Age	66 Years; 1 Month; 25 Days
Date of Funeral	November 26; Tuesday; 1:30 P.M.
Services At	Union Chapel Church
Clergyman	Dr. Johnson; Orland, Ind.
Religion of the Deceased	Methodist
Birthplace	Darke Co., Ohio
Resided in the State	(blank)
Place of Death	Hartford Twp., Adams Co.
Cause of Death	Cardiac Thrombosis
Contributory Cause	Endocarditis; Arthritis of the ??
Certifying Physician	Dr. M. M. Moran
His Address	Portland, Ind.
Name of Father	Reuben Clark
His Birthplace	Ohio
Maiden Name of Mother	Belle Micheal
Her Birthplace	Ohio
Motor/Ship Remains To	(blank)
Size of Casket	Oak
Manufactured By	(blank)
Cemetery	(blank)
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

RECORD OF F

Total No. 4 p. 2 Yearly No. _____ Da

Name of Deceased William Henry Clark

Married Single Widowed Divorced

Residence Hartford Twp. Adams Co. pg.

Charge to: _____ Total No. _____

Address Hartford Twp - Geneva, Ind.

Order given by Thad Clark - wife Name of _____
(or informant)

How Secured: _____ Residence _____

If Veteran, State War _____ Charge to: _____

Occupation Farmer (Social Security Number) _____ Address _____

Employer and Address _____ Order given _____

Date of Death Nov. 23, 1946 8:15 P. M.
(Date) (Hour)

Date of Birth Sept. 30, 1880 How Secured _____

Age 66 1 25
(Years) (Months) (Days) If Veteran, _____

Date of Funeral Nov 26, Tues. 1:30 P. M. Occupation _____
(Date) (Day of Week) (Hour)

Services at Union Chapel Church Employer and _____

Clergyman Dr. Johnson, Oregon, Ind. Date of Dea _____
(Address)

Religion of the Deceased Methodist Date of Birth _____

Birthplace Paris Co. Ohio Age _____

Resided in the State _____ Date of Fun _____
(or U. S. or City and County) (Years) (Months)

Place of Death Hartford Twp. Adams Co. Services at _____

Cause of Death Cardiac Thrombosis Clergyman _____

Contributory Causes Endocarditis Religion of th _____
habitis of the cerebral arteriosclerosis

Certifying Physician Dr. M. M. Mason Birthplace _____
(or Coroner)

His Address Portland, Ind. Resided in th _____

Name of Father Reuben Clark Place of Dea _____

His Birthplace Ohio Cause of Dea _____

Maiden Name of Mother Bess Michael Contributory _____

Her Birthplace Ohio Certifying Phy _____

Motor } Remains to _____
Ship }

Size of Casket 0ae His Address _____
(State Color and Number)

Manufactured by: _____ Name of Father _____

Cemetery } _____ His Birthplace _____
Crematory }

Lot No. _____ Maiden Name o _____

Grave No. _____ Her Birthplace _____

Section No. _____ Motor } Remains _____
Ship }

Block No. _____ Size of Casket _____

Owner _____ Manufactured by _____
Cemetery } _____
Crematory }

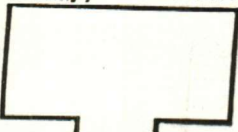


Diagram of Lot or Vault