

Hardy & Hardy Funeral Home Record

Name of Deceased	John Oliver Daily
Page Number	Page 14
Marital Status	Married
Residence	Geneva, Ind. R. R.
Charge To	Mrs. John Daily
Address	Geneva, Ind. R. R.
Order Given By	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	Farmer
Social Security Number	(blank)
Employer and Address	(blank)
Date of Death	February 12, 1947; 1:30 P. M.
Date of Birth	June 20, 1873
Age	73 Years
	February 15, 1947; Saturday; 9:00 A. M.
Date of Funeral	
Services At	Evangelical Church
Clergyman	(blank)
Religion of the Deceased	(blank)
Birthplace	Mercer Co., Ohio
Resided in the State	(blank)
Place of Death	Adams County
Cause of Death	Carcinoma of Stomach
Contributory Cause	Myo Carditis
Certifying Physician	Dr. D. D. Jones
His Address	Berne, Ind.
Name of Father	Thomas Geo. Daily
His Birthplace	(blank)
Maiden Name of Mother	Sophia Ritter
Her Birthplace	(blank)
Motor/Ship Remains To	(blank)
Size of Casket	(blank)
Manufactured By	(blank)
Cemetery	(blank)
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

FUNERAL

Ch. 15. 1947

Total No. 14 Yearly No. _____
 Name of Deceased John (James) Saily
 Married Single Widowed Divorced

Residence: Geneva, Ind. R.R. Deceased Widow
 Charge to Mrs. John Saily
 Address: Geneva, Ind. R.R.

Order given by _____
 How Secured _____

If Veteran, State War _____
 Occupation Farmer Social Security Number _____

Employer and Address _____

Date of Death Feb. 12, 1947 1:30 P.M.
 Date of Birth June 20, 1873 (Day) (Month) (Year)

Age 73 (Years) (Months) (Days)

Date of Funeral Feb. 14, 1947 9:00 A.M.
 Services at Evangelical Church (Day) (Month) (Year)

Clergyman _____ (Address)

Religion of the Deceased _____

Birthplace Mercer Co., Ohio

Resided in the State _____ (in U.S. or City or County) (Years) (Months)

Place of Death Adams County (Town) (Month)

Cause of Death Carcinoma of Stomach

Contributory Cause Myocardial

Certifying Physician Dr. J. J. Jones

His Address Berna, Ind. (in Geneva)

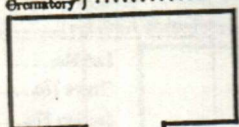
Name of Father James Lee Saily

His Birthplace _____

Maiden Name of Mother Leptine Roper

Her Birthplace _____

Motor Ship } Remains to _____
 Size of Casket _____ (State Color and Finish)
 Manufactured by _____
 Cemetery } _____
 Crematory } _____



Lot No. _____
 Grave No. _____
 Section No. _____
 Block No. _____
 Owner _____