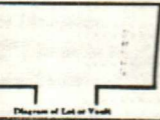


	Hardy & Hardy Funeral Home Record
Name of Deceased	Harriett Delillie Denny
Page Number	Page 81
Marital Status	Widowed
Residence	Bryant, Ind.
Charge To	Welfare - County
Address	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	Farmer
Social Security No.	(blank)
Employer and Address	(blank)
Date of Death	October 29, 1948; 5:30 A.M.
Date of Birth	July 30, 1871
Age	77 Years; 3 Months
Date of Funeral	October 31, 1948; Sunday; 2:00 P.M.
Services At	Weslyn Methodist - Bryant
Clergyman	Rev. Paul Logan
Religion of the Deceased	(blank)
Birthplace	Huntington Co., Ind.
Resided in the State	(blank)
Place of Death	Bryant, Ind.
Cause of Death	Cardiac Exhaustion
Contributory Cause	Nephritis
Certifying Physician	Dr. C. P. Hinchman
His Address	Geneva, Ind.
Name of Father	William Smith
His Birthplace	Huntington Co., Ind.
Maiden Name of Mother	Sarah Jane Overmire
Her Birthplace	Ohio
Motor/Ship Remains To	(blank)
Size of Casket	(blank)
Manufactured By	(blank)
Cemetery	Gravel Hill - Bryant
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

# RECORD OF FUNERAL

<del>Serial No.</del> <i>pg 81</i>	Yearly No. _____	Date of Entry _____
Name of Deceased <i>Karratty, Delille, Nancy</i>	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<del>Serial No.</del> <i>pg 82</i>
Residence <i>Bayant Ind.</i>		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Charge to <i>Welfare - County</i>		Name of Deceased _____
Address _____		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Order given by _____	(For Informant)	Residence _____
How Secured _____		Charge to _____
If Veteran, State War _____		Occupation _____
Occupation _____		<del>Serial No.</del> _____
Employer and Address _____	(Social Security Number)	
Date of Death <i>Oct 29, 1948</i> <i>5:30 PM</i>	(Date) (Time)	How Secured _____
Date of Birth <i>July 30, 1871</i>	(Date)	If Veteran, State War _____
Age <i>77</i> <i>3</i>	(Years) (Months) (Days)	Occupation <i>Nurse</i>
Date of Funeral <i>11/5/48</i> <i>Sun. 2:40</i>	(Date) (Time)	Employer and Address _____
Services at <i>Welfare Methodist Ch. Bay</i>		Date of Death <i>Oct 29</i>
Clergyman <i>Rev. Paul Lagen</i>		Date of Birth <i>Mar 1871</i>
Religion of the Deceased _____		Age <i>84</i>
Birthplace <i>Huntington Co. Ind.</i>		(Years)
Resided in the State _____	(or U. S. or City or County) (Years) (Months)	Date of Funeral <i>11-7-48</i>
Place of Death <i>Bayant, Ind.</i>		Services at <i>Welfare</i>
Cause of Death <i>Carcin. Esophagus</i>		Clergyman <i>Rev. Cl...</i>
Contributory Causes _____		Religion of the Deceased _____
<i>Nephritis</i>		Birthplace <i>Wart...</i>
Certifying Physician <i>Dr. C. P. Henchman</i>	(or Owner)	Resided in the State _____
His Address <i>Geneva, Ind.</i>		Place of Death <i>Bayant</i>
Name of Father <i>Wm. Smith</i>		Cause of Death _____
His Birthplace <i>Huntington Co. Ind.</i>		Contributory Causes _____
Maiden Name of Mother <i>Sarah Jane Green</i>		Certifying Physician <i>Dr. ...</i>
Her Birthplace <i>Ohio</i>		His Address <i>Geneva</i>
(Color) Remains to _____		Name of Father <i>John</i>
Size of Casket _____		His Birthplace <i>Ohio</i>
Manufactured by <i>Gravel Hill - Bayant</i>	(State Color and Number)	Maiden Name of Mother <i>L...</i>
		Her Birthplace <i>W. Va.</i>
		Remains to _____
		Size of Casket <i>36x48</i>
		Manufactured by _____
		Cemetery <i>West Hill</i>



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 OWNER \_\_\_\_\_

(Color) Remains to \_\_\_\_\_  
 Size of Casket *36x48*  
 Manufactured by \_\_\_\_\_  
 Cemetery *West Hill*