

# Hardy & Hardy Funeral Home Record

Name of Deceased	Ralph Derrickson, Jr.
Page Number	Page 75
Marital Status	Single
Residence	Geneva, Ind.
Charge To	Ralph Derrickson
Address	(blank)
Order Given By	(blank)
How Secured	(blank)
If Veteran, State War	World War II
Occupation	Housewife
Employer and Address	(blank)
Date of Death	January 15, 1945
Date of Birth	April 05, 1925
Age	19 Years
Date of Funeral	July 29, 1948; Thursday; 2:00 P.M.
Services At	Mt. Carmel Church
Clergyman	Paul Logan and Chas. Yak
Religion of the Deceased	(blank)
Birthplace	(blank)
Resided in the State	(blank)
Place of Death	Germany
Cause of Death	Kiludin? Service
Contributory Cause	(blank)
Certifying Physician	(blank)
His Address	(blank)
Name of Father	Ralph Derrickson
His Birthplace	(blank)
Maiden Name of Mother	Brewster
Her Birthplace	(blank)
Motor/Ship Remains To	(blank)
Size of Casket	Government
Manufactured By	(blank)
Cemetery	(blank)
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

# RECORD OF FUNERAL

~~Page 75~~ Pg 75 Yearly No. \_\_\_\_\_ Date of Entry \_\_\_\_\_

Name of Deceased Ralph Derricks  
 Married  Single  Widowed  Divorced

Residence: Geneva, Ind.

Charge to: Ralph Derricks

Address: \_\_\_\_\_

Order given by: \_\_\_\_\_ (or Informant)

How Secured: \_\_\_\_\_

If Veteran, State War World War # 1

Occupation \_\_\_\_\_ (Social Security Number) \_\_\_\_\_

Employer and Address \_\_\_\_\_

Date of Death July 15, 1945

Date of Birth March 21, 1925

Age 19 (Years) \_\_\_\_\_ (Months) \_\_\_\_\_ (Days) \_\_\_\_\_

Date of Funeral 7/20/45 Thur. 2:00 P.M.

Services at St. Carmel Church

Clergyman Paul Logan & Chas. York (Address) \_\_\_\_\_

Religion of the Deceased \_\_\_\_\_

Birthplace \_\_\_\_\_

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

Place of Death Germany

Cause of Death fluid in service

Contributory Causes \_\_\_\_\_

Certifying Physician \_\_\_\_\_ (or Coroner)

His Address: \_\_\_\_\_

Name of Father Ralph Derricks

His Birthplace \_\_\_\_\_

Maiden Name of Mother Brewster

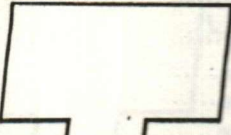
Her Birthplace \_\_\_\_\_

Motor Ship } Remains to Government

Size of Casket \_\_\_\_\_ (State Color and Number)

Manufactured by: \_\_\_\_\_

Cemetery } Crematory } \_\_\_\_\_



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

~~Page 75~~ Pg 75  
 Name of Deceased \_\_\_\_\_  
 Residence: \_\_\_\_\_  
 Charge to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_  
 How Secured: \_\_\_\_\_  
 If Veteran, State War \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer and Address \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Age \_\_\_\_\_ (Years) \_\_\_\_\_ (Months) \_\_\_\_\_ (Days) \_\_\_\_\_  
 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 } \_\_\_\_\_