

Hardy & Hardy Funeral Home
Record

Name of Deceased	Samantha Alice Ferry
Page Number	Page 61
Marital Status	Married
Residence	Geneva, Ind. R. R.
Charge To	(blank)
Address	(blank)
Order Given By	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	Housewife
Social Security Number	(blank)
Employer and Address	(blank)
Date of Death	March 10, 1948; 12:00 P.M.
Date of Birth	September 10, 1868
Age	80 Years
Date of Funeral	March 12, 1948; Friday; 2:00 P.M.
Services At	Maple Grove Church
Clergyman	Rev. Clayton Steele - Geneva
Religion of the Deceased	Christian
Birthplace	Randolph County, Indiana
Resided in the State	(blank)
Place of Death	At Home
Cause of Death	Cardiac Failure
Contributory Cause	Myocarditis due to indigestion
Certifying Physician	Dr. Dailey Jones
His Address	Berne, Indiana
Name of Father	Jacob Clark
His Birthplace	Indiana
Maiden Name of Mother	Mary Mann
Her Birthplace	Indiana
Motor/Ship Remains To	(blank)
Size of Casket	Springfield - Modern
Manufactured By	Springfield - Metallic
Cemetery	Riverside
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

RECORD OF FUNERALS

N.Y. 61

Yearly No. _____

State of New York _____

Name of Deceased: Samantha Alice Ferry

Residence: Geneva, Ind. R.R.

Charge to: _____

Address: _____

Order given by: _____

How Secured: _____

If Veteran, State War _____

Occupation: Housewife

Employer and Address: _____

Date of Death: March 10, 1948 12:00 P.

Date of Birth: Sept. 19, 1868

Age: 80

Date of Funeral: 3-12-48 11:00 A.

Services at: Maple Grove Church

Clergyman: Rev. Clayton Steele Deane

Religion of the Deceased: Christian

Birthplace: Randolph Co., Indiana

Resided in the State: _____

Place of Death: At Home

Cause of Death: Cardiac Failure

Contributory Causes: Myocarditis
"Due to Indigestion"

Certifying Physician: Dr. Harry Deane

His Address: Berea, Ind.

Name of Father: Jacob Clark

His Birthplace: Indiana

Maiden Name of Mother: Mary Menal

Her Birthplace: Indiana

Remains to: _____

Size of Casket: Springfield - Modern

Manufactured by: Springfield Metallic

Cemetery: Riverside

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Name of Deceased _____

Residence _____

Charge to _____

Address _____

How Secured _____

If Veteran, State War _____

Occupation _____

Employer and Address _____

Date of Death _____

Date of Birth _____

Age _____

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 _____

Lot No. _____