

Hardy & Hardy Funeral Home Record

Name of Deceased	Rufus Walter Glendening
Page Number	Page 219
Marital Status	Married
Residence	
Charge To	
Address	
Order Given By	
How Secured	
If Veteran, State War	
Occupation	Farmer
Social Security No.	
Employer and Address	
Date of Death	April 10, 1953
Date of Birth	Feb. 26, 1867
Age	86 years
Date of Funeral	April 12, 1953; Sunday; 2:00 p.m.
Services At	Hardy Funeral Home
Clergyman	Rev. Roger Lautzenheiser - City
Religion of the Deceased	
Birthplace	Hartford Twp. Ind.
Resided in the State	
Place of Death	At home
Cause of Death	Coronary Occlusion
Contributory Cause	Myocardial Insuff.
Certifying Physician	Dr. C. P. Hinchman
His Address	City
Name of Father	James Glendening
His Birthplace	
Maiden Name of Mother	Lydia Pontius
Her Birthplace	
Motor/Ship Remains To	
Size of Casket	Zinc - Ever Seal
Manufactured By	Crane & Barrel
Cemetery	Gravel Hill
Lot No.	
Grave No.	No. 30320
Section No.	
Block No.	
Owner	

RECORD OF FUNERAL

<p>Form No. <u>219</u> Yearly No. <u>1</u></p> <p>Name of Deceased <u>Kayus Walter Glendenning</u> <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced</p> <p>Residence: _____</p> <p>Charge to: _____</p> <p>Address: _____</p> <p>Order given by: _____ (or informant)</p> <p>How Secured: _____</p> <p>If Veteran, State War _____</p> <p>Occupation <u>Farmer</u> (Social Security Number) _____</p> <p>Employer and Address _____</p> <p>Date of Death <u>April 10, 1953</u> (Date) (Place) _____</p> <p>Date of Birth <u>Feb. 26, 1867</u> (Date) (Place) _____</p> <p>Age: <u>86</u> (Years) (Months) (Days)</p> <p>Date of Funeral <u>April 12, 1953</u> (Date) (Time) <u>2:00 P.M.</u> (Place)</p> <p>Services at: <u>Handy Funeral Home</u></p> <p>Clergyman <u>Rev. Robert Ziegenhagen</u> (Name)</p> <p>Religion of the Deceased _____</p> <p>Birthplace <u>Hartford W.P. Ind.</u></p> <p>Resided in the State: _____ (U.S. or City or County) (Years) (Months)</p> <p>Place of Death <u>At Home</u></p> <p>Cause of Death <u>Coronary Occlusion</u></p> <p>Contributory Causes <u>Myocardial Infarct</u></p> <p>Certifying Physician <u>Dr. C.P. Hinckman</u> (or Coroner)</p> <p>His Address: <u>City</u></p> <p>Name of Father <u>Jules Glendenning</u></p> <p>His Birthplace _____</p> <p>Maiden Name of Mother <u>Lidia Pentina</u></p> <p>Her Birthplace _____</p> <p>Motor Vehicle } Remains to _____ License } _____</p> <p>Size of Casket _____</p> <p>Manufacturer } _____ Cemetery } _____</p>	<p>No. <u>220</u></p> <p>Name of Deceased <u>L. A. ...</u> <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single</p> <p>Residence <u>R. R. Bern...</u></p> <p>Charge to: _____</p> <p>Address: _____</p> <p>Order given by <u>Bene...</u></p> <p>How Secured <u>John...</u></p> <p>If _____ (Age of Husband)</p> <p>Occupation <u>Housew. of ...</u></p> <p>Employer and Address _____</p> <p>Date of Death <u>May 14, 1953</u> (Date) (Place)</p> <p>Date of Birth <u>December 4, 1863</u> (Date) (Place)</p> <p>Age: <u>89</u> (Years) (Months) (Days)</p> <p>Date of Funeral <u>5/15/53</u> (Date) (Time) (Place)</p> <p>Services at <u>Family Funer.</u></p> <p>Clergyman <u>Beth Sheph...</u></p> <p>Religion of the Deceased _____</p> <p>Birthplace <u>Pencer, Ill.</u></p> <p>Resided in the State: _____ (U.S. or City or County) (Years) (Months)</p> <p>Place of Death <u>At Home</u></p> <p>Cause of Death <u>Heart Failure</u></p> <p>Contributory Causes <u>Arteriosclerosis</u></p> <p>Certifying Physician <u>Dr. C.P. Hinckman</u></p> <p>His Address <u>City</u></p> <p>Name of Father <u>William ...</u></p> <p>His Birthplace _____</p> <p>Maiden Name of Mother <u>Lidia Pentina</u></p> <p>Her Birthplace _____</p> <p>Motor Vehicle } Remains to _____ License } _____</p> <p>Size of Casket <u>Medium</u></p> <p>Manufacturer } _____ Cemetery } _____</p>
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Lot No. _____
 Grave No. 30370
 Section No. _____
 Block No. _____
 Owner _____

P.O. Box 241
 City _____

