

	Hardy & Hardy Funeral Home Record
Name of Deceased	Clarence Ogen Grogg
Date of Entry	Jan. 14, 1955
Page Number	Page 270
Marital Status	Married
Residence	Bryant, Indiana
Charge To	
Address	
Order Given By	
Spouse	Hazel
If Veteran, State War	
Occupation	
Social Security No.	
Employer and Address	
Date of Death	January 14, 1955; 5:00 a.m.
Date of Birth	June 10, 1891
Age	63 years
Date of Funeral	January 16, 1955; Sunday; 2:00 p.m.
Services At	Hardy Funeral Home
Clergyman	Rev. Donald Herr - Bryant
Religion of the Deceased	
Birthplace	Indiana
Resided in the State	
Place of Death	At home
Cause of Death	Cerebral Hemorrhage
Contributory Cause	
Certifying Physician	Dr. Jas. V. Schetgen
His Address	Geneva, Indiana
Name of Father	Will Grogg
His Birthplace	
Maiden Name of Mother	Sarah Ogen
Her Birthplace	
Motor/Ship Remains To	
Size of Casket	
Manufactured By	Mid West Casket Co.
Cemetery	Gravel Hill
Lot No.	
Grave No.	
Section No.	
Block No.	
Owner	

RECORD OF FUNERAL

Serial No. 270 Yearly No. _____ Date of Entry Jan 14 1955
 Name of Deceased Clarence Ogen Progg White
 Married Single Widowed Divorced (What Race)
 Residence: Bryant, Ind. Hayes
 Husband Wife Widow Widower
 Charge to: _____ at _____ Age of Husband or Wife (if living) _____ Years

Address _____
 Order given by _____ (or informant) _____
 How Secured _____
 If Veteran, State War _____
 Occupation _____
 Employer and Address _____ (Social Security Number) _____
 Date of Death Jan 14, 1955 5:00 P.M.
 Date of Birth Jan 10, 1891 _____ (Year) (Month) (Day) (Hour)
 Age 63
 Date of Funeral 16-55 _____ (Year) (Month) (Day) (Hour)
 Services at Hayes, Ind. _____ (Day of Week) (Hour)
 Clergyman Rev. Donald Lee Bryant _____ (Address)
 Religion of the Deceased _____
 Birthplace Indiana
 Resided in the State _____ (at U.S. or City or County) (Years) (Months)
 Place of Death At Home
 Cause of Death Cerebral Hemorrhage
 Contributory Causes _____

Certifying Physician Dr. J. J. Schatz _____ (City)
 His Address Hayes, Ind.
 Name of Father Wiley Progg
 His Birthplace _____
 Maiden Name of Mother Sarah Ogen
 Her Birthplace _____
 Motor Ship } Remains to _____
 Size of Casket _____
 Manufactured by Wm. West Co. C. _____ (Name Color and Number)
 Cemetery Forest Hill
 Crematory _____

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

Serial No. 269 Yearly No. _____
 Name of Deceased Ess Ethel Starn
 Married Single Widowed Divorced
 Residence: Hayes, Ind. P. R.
 Charge to: _____
 Address _____
 Order given by _____ (or informant) _____
 How Secured _____
 If Veteran, State War _____
 Occupation Housewife
 Employer and Address _____ (Social Security Number) _____
 Date of Death Jan 11, 1955 11:30 A.M.
 Date of Birth Jan 19, 1869 _____ (Date) (Hour)
 Age 85
 Date of Funeral 14-1955 _____ (Date) (Month) (Day) (Hour)
 Services at Hayes Chapel Church _____ (Day of Week) (Hour)
 Clergyman J. P. Clancy - Pastor
 Religion of the Deceased Methodist _____ (Address)
 Birthplace Hayes, Ind.
 Resided in the State _____ (at U.S. or City or County) (Years) (Months)
 Place of Death Hayes, Ind.
 Cause of Death Massive Cerebral Hemorrhage
 Contributory Causes Hypertension arteriosclerotic disease
 Certifying Physician Dr. C. P. Huchman _____ (City)
 His Address Hayes, Ind.
 Name of Father Samuel Beard
 His Birthplace Wiley Co. Ind.
 Maiden Name of Mother Margaret Hatcher
 Her Birthplace Ind.

Motor Ship } Remains to _____
 Size of Casket _____
 Manufactured by Wm. West Co. C. _____ (Name Color and Number)
 Cemetery Forest Hill
 Crematory _____

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