

	Hardy & Hardy Funeral Home Record
Name of Deceased	Dewey E. Huffman
Page Number	Page 202
Marital Status	Single
Residence	Geneva, Indiana R.R.
Charge To	(blank)
Address	(blank)
How Secured	(blank)
If Veteran, State War	#2 WW
Occupation	Farmer
Social Security No.	(blank)
Employer and Address	(blank)
Date of Death	September 7, 1952; 2:45 p.m.
Date of Birth	October 17, 1910
Age	41 years
Date of Funeral	September 10, 1952; Wednesday; 2:00 p.m.
Services At	Hardy Funeral Home
Clergyman	Garth Shepherd - City
Religion of the Deceased	(blank)
Birthplace	Chester Twp., Wells Co., Indiana
Resided in the State	(blank)
Place of Death	Veterans Hospital - Fort Wayne
Cause of Death	Leukemia
Contributory Cause	(blank)
Certifying Physician	Russel L. Hiatt M.D.
His Address	Fort Wayne, Indiana
Name of Father	William Huffman
His Birthplace	Wells County, Indiana
Maiden Name of Mother	Millie Van Camp
Her Birthplace	Wells County, Indiana
Motor/Ship Remains To	(blank)
Size of Casket	Gray Velvet Interior
Manufactured By	Crane & B??
Cemetery	Riverside
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

Serial No. 202 Yearly No. 1  
 Name of Deceased Lewey E. Huffman  
 Married  Single  Widowed  Divorced  
 Residence Kenosha, Wis. R.R.  
 Charge to: .....  
 Address: .....  
 Order given by: .....  
 How Secured: .....  
 If Veteran, State War # 7 W.W.  
 Occupation Farmer 3-11-30-73-44  
 Employer and Address: .....  
 Date of Death Sept. 7, 1952 2:45 P.M.  
 Date of Birth Oct. 17, 1910  
 Age 41  
 Date of Funeral 9/10/52 Wed 2:00 P.M.  
 Services at First Free Church  
 Clergyman North Shepherd City  
 Religion of the Deceased Methodist  
 Birthplace Wells Co. Indiana  
 Resided in the State: .....  
 Place of Death Veterans Hosp. Ft. Wayne  
 Cause of Death Leukemia  
 Contributory Causes Leukemia  
 Certifying Physician Russell L. Smith, M.D.  
 His Address Ft. Wayne, Ind.  
 Name of Father William Huffman  
 His Birthplace Wells Co. Ind.  
 Maiden Name of Mother Mollie Van Camp  
 Her Birthplace Wells Co. Ind.  
 Motor Ship } Remains to .....  
 Size of Casket Very Velvet Interior  
 Manufactured by Casket & Furniture  
 Cemetery } Riverside  
 Crematory }

No. 20  
 Name of Deceased: .....  
 Married  
 Residence: .....  
 Charge to: .....  
 Address: .....  
 Order given by: .....  
 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: .....  
 Motor Ship } Remains to .....