

	Hardy & Hardy Funeral Home Record
Name of Deceased	Laurella Hoffman
Page Number	Page 124
Marital Status	Single
Residence	(blank)
Charge To	(blank)
Address	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	Housewife
Social Security No.	(blank)
Employer and Address	(blank)
Date of Death	March 12, 1950; 3:30 p.m.
Date of Birth	December 6, 1867
Age	82 years
Date of Funeral	(blank)
Services At	Hardy Funeral Home
Clergyman	Rev. Clayton Steele - City
Religion of the Deceased	(blank)
Birthplace	Fairfield County, Ohio
Resided in the State	(blank)
Place of Death	Berne Nursing Home
Cause of Death	Malnutrition
Contributory Cause	Toxemia from large decubitus
Certifying Physician	Dr. C. P. Hinchman
His Address	City
Name of Father	Josiah Hoffman
His Birthplace	Ohio
Maiden Name of Mother	Harriet Rieman
Her Birthplace	Ohio
Motor/Ship Remains To	(blank)
Size of Casket	Oak
Manufactured By	Crawfordsville
Cemetery	Riverside
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)
Note	Sister: Mrs. C. S. Horther; Van Wert, Ohio

RECORD OF FUNERALS

Yearly No. 124
 Name of Deceased Lucrella Haffman
 Married Single Widowed Divorced
 Residence: Geneva, Ind. R.R.
 Charge to: _____
 Address: _____
 Order given by: _____ (or informant)
 How Secured: _____
 If Veteran, State War _____
 Occupation Housewife (Social Security Number) _____
 Employer and Address _____
 Date of Death March 12, 1950 3:30 P.M. (Time)
 Date of Birth Dec. 6, 1867
 Age 82 (Years) (Month) (Day)
 Date of Funeral _____ (Date) (Day of Week) (Hour)
 Services at Hardy Family Home
 Clergyman Rev. Clayton Steele (Address)
 Religion of the Deceased _____
 Birthplace Fairfield Co., Ohio
 Resided in the State _____ (or U. S. or City or County) (Years)
 Place of Death Bernal Nursing Home
 Cause of Death Malnutrition
 Contributory Causes Injuries from large decubiti - Dying here
 Certifying Physician Dr. C. P. Hinchman (or Coroner)
 His Address City
 Name of Father Frank Haffman
 His Birthplace Ohio
 Maiden Name of Mother Christina Pierson
 Her Birthplace Ohio
 Motor Ship } Remains to _____
 Size of Casket Open (State Color and Number)
 Manufactured by Peaufordville
 Cemetery } Geneva
 Crematory }

Date of Entry _____
 Name of Deceased _____
 Married Single Widowed Divorced
 Residence Elkhart
 Charge to: _____
 Address: _____
 Order given by: _____
 How Secured: _____
 If Veteran, State War _____
 Occupation _____
 Employer and Address _____
 Date of Death Mar.
 Date of Birth April
 Age 86 (Years)
 Date of Funeral 5-15 (Date)
 Services at Hardy
 Clergyman Rev. C. C.
 Religion of the Deceased _____
 Birthplace _____
 Resided in the State _____
 Place of Death Elkhart
 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 Metal
 Manufactured by Crow
 Cemetery } West
 Crematory }

Sister
 Mrs. C. S. Harber
 3489 - Ohio
 Van Wert, Ohio

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