

	Hardy & Hardy Funeral Home Record
Name of Deceased	Vaughn Albert Ineichen
Page Number	Page 194
Marital Status	Single
Residence	(blank)
Charge To	Corwin Ineichen
Address	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	(blank)
Social Security No.	(blank)
Employer and Address	(blank)
Date of Death	July 3, 1952; 6:30 a.m.
Date of Birth	July 03, 1952
Age	(blank)
Date of Funeral	July 4, 1952; Friday; 2:00 p.m.
Services At	Hardy Funeral Home
Clergyman	Garth Shepherd
Religion of the Deceased	(blank)
Birthplace	Decatur hospital
Resided in the State	(blank)
Place of Death	Decatur hospital
Cause of Death	Congenital deformity
Contributory Cause	Menin?? & face deformity
Certifying Physician	Dr. J. V. Schetgen
His Address	Geneva, Indiana
Name of Father	Corwin Ineichen
His Birthplace	Adams County, Indiana
Maiden Name of Mother	Pauline L. Bower
Her Birthplace	Wells County, Indiana
Motor/Ship Remains To	(blank)
Size of Casket	(blank)
Manufactured By	Midwest Casket
Cemetery	Riverside
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

Serial No. 194 Yearly No. *1952*
Name of Deceased *Laughon Albert Erickson*
 Married Single Widowed Divorced

Residence *Caswin Inercke*
Charge to:
Address:
Order given by:
(or informant)
How Secured:
If Veteran, State War
Occupation:
Employer and Address:
Date of Death *July 3, 1952* *6:30 P*
(Date) (Time)
Date of Birth *July 3, 1952*
Age:

Date of Funeral *July 4, 1952 Fri 2:00 P*
(Date) (Time)
Services at *Wanda June Home*
Clergyman *Garth Shepherd*
Religion of the Deceased
Birthplace *Decatur Hospital*
Resided in the State
Place of Death *Decatur Hospital*
(or U. S. or City or Country) (Street) (Building)
Cause of Death *Congenital deformity*
Contributory Causes *Meningocele*
Face Deformity
Certifying Physician *Dr. J. H. Schetgen*
His Address *Geneva, Ind*
Name of Father *Lawrence Erickson*
His Birthplace *Adams Co. Ind*
Maiden Name of Mother *Pauline L. Buehl*
Her Birthplace *Wells Co. Ind*
Motor Ship } Remains to
Size of Casket
Manufactured by *Midwest Casket*
(State Country and Manufacturer)
Cemetery Crematory } *Rockwell*

Serial No. 193 Yearly No.
Name of Deceased *Jesse*
 Married Single
Residence *Geneva*
Charge to:
Address:
Order given by *See Albert*
(or informant)
How Secured *Telephoto*
If Veteran, State War *no*
Occupation *Farmer*
Employer and Address:
Date of Death *June 18/52*
(Date)
Date of Birth *June 2/11*
Age *74*
Date of Funeral *7/2/52* *11:00 A*
(Date) (Time) (Day of Week)
Services at *Apple Grove*
Clergyman *Rev. Walter B.*
Religion of the Deceased *U. S.*
Birthplace *Adams Co*
Resided in the State *74*
(or U. S. or City or Country)
Place of Death *Adams Co*
Cause of Death *Cerebral de*
Contributory Causes *to arteriosclerosis*
and senility
Certifying Physician *Dr. H. A.*
His Address *Berne, Ind*
(or Country)
Name of Father *Jacob H.*
His Birthplace
Maiden Name of Mother *Frances*
Her Birthplace
Motor Ship } Remains to