

Hardy & Hardy Funeral Home Record	
Name of Deceased	Mary E. Langston
Page Number	Page 182
Marital Status	Married
Residence	Geneva, Indiana
Charge To	
Address	
How Secured	
If Veteran, State War	
Occupation	Housewife
Social Security No.	
Employer and Address	
Date of Death	Jan. 5, 1952
Date of Birth	July 27, 1880
Age	71 years
Date of Funeral	January 8, 1952; Tuesday; 2:00 p.m.
Services At	Hardy Funeral Home; Wabash Methodist Church
Clergyman	Rev. Paul Irwin; Rev. Ralph PI??
Religion of the Deceased	Methodist
Birthplace	Wabash, Indiana
Resided in the State	
Place of Death	Jay County Hospital
Cause of Death	Acute pancreatitis
Contributory Cause	Chronic pancreatitis and chol??
Certifying Physician	Dr. J. V. Schetgen
His Address	Geneva, Indiana
Name of Father	Wm. Petry
His Birthplace	Ohio
Maiden Name of Mother	Hannah Bishop
Her Birthplace	Ohio
Motor/Ship Remains To	
Size of Casket	Zinc Ever Seal
Manufactured By	Crane & Breed
Cemetery	Fall Cem., Wabash, Indiana
Lot No.	
Grave No.	
Section No.	
Block No.	
Owner	

Form No. 182 Yearly No. Date of Entry
Name of Deceased Mary E. Langston
 Married Single Widowed Divorced

Residence: Geneva, Ind.
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: Jan. 5, 1952 (Date) _____ (Time)

Date of Birth: July 27, 1889
Age: 71 (Years) _____ (Months) _____ (Days) _____
Date of Funeral: 1-8-1952 (Date) _____ (Day of Week) _____ (Time)

Services at: St. Paul's Holy Trinity Methodist Church
Clergyman: Rev. Paul Lewis Le Ross (Address) _____
Religion of the Deceased: Methodist
Birthplace: Wabash, Ind.

Resided in the State: _____ (or U.S. or City or County) (Year) _____
Place of Death: Geneva, Ind. Hospital
Cause of Death: Acute Pancreatitis

Contributory Causes: Chronic Pancreatitis and Cholelithiasis
Certifying Physician: Dr. J. J. Schutzen (or Governor)
His Address: Geneva, Ind.

Name of Father: Wm. Petry
His Birthplace: Ohio
Maiden Name of Mother: Hannah Bishop
Her Birthplace: Ohio

Mother } Remains to _____
Ship } _____
Size of Casket: Size Ever Seal (State Code and Number)
Manufactured by: Truett & Reed
Cemetery } Fall Creek, Wabash, Ind.
Oratory } _____

Geneva Copeland
Sexton

Lot No. _____
Grave No. _____
Section No. _____
Block No. _____
Owner: r. 37.00

Form No. 181
Name of Deceased _____
Residence: R...
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: _____
Mother } Remains to _____
Ship } _____
Size of Casket: _____
Manufactured by: _____
Cemetery } _____
Oratory } _____