

	Hardy & Hardy Funeral Home
Name of Deceased	Frank C. Larue
Page Number	Page 183
Marital Status	Widowed
Residence	Geneva, Indiana
Charge To	
Address	
How Secured	
If Veteran, State War	
Occupation	Retired Farmer
Social Security No.	
Employer and Address	
Date of Death	Jan. 16, 1952; 7:05 a.m.
Date of Birth	Feb. 1, 1871
Age	80 Years
Date of Funeral	Jan. 19, 1952; Saturday;
Services At	Hardy Funeral Home
Clergyman	Rev. Garth Shepherd
Religion of the Deceased	E.U.B.
Birthplace	Van Wert Co., Ohio
Resided in the State	
Place of Death	Berne Nursing Home
Cause of Death	Coronary Thombosis
Contributory Cause	Cardio Vascular Disease
Certifying Physician	Dr. C. P. Hinchman
His Address	Geneva, Indiana
Name of Father	Edward LaRue
His Birthplace	
Maiden Name of Mother	Sarah Bower
Her Birthplace	
Motor/Ship Remains To	
Size of Casket	Copper Clad - Eggshell Interior
Manufactured By	Cincinnati Coffin Co.
Cemetery	Westlawn
Lot No.	
Grave No.	
Section No.	
Block No.	
Owner	

Form No. 183 Yearly No. _____ Date of _____
 Name of Deceased Frank C. La Rue
 Married Single Widowed Divorced
 Residence Geneva, Ind.
 Charge to _____
 Address _____
 Order given by _____ (or informant)
 How Secured _____
 If Veteran, State War _____
 Occupation Retired Farmer
 Employer and Address _____
 Date of Death Jan. 16, 1953 7:05 P.
 (Date) (Hour)
 Date of Birth Feb. 1, 1871
 Age 80
 (Years) (Months) (Days)
 Date of Funeral 1-19-53 Sat. 11:00 A.
 (Date) (Day of Week) (Hour)
 Services at Hardy Funeral Home
 Clergyman Rev. Harold Shepherd
 (Address)
 Religion of the Deceased E. U. B.
 Birthplace Van Wert Co. Ohio
 Resided in the State _____
 Place of Death Geneva Nursing Home
 Cause of Death Cerebral Thrombosis
 Contributory Causes Cardiovascular Disease
 Certifying Physician Dr. C. P. Finckh
 His Address Geneva, Ind.
 Name of Father Edward La Rue
 His Birthplace _____
 Maiden Name of Mother Sarah Bunker
 Her Birthplace _____
 Motor } Remains to _____
 Ship }
 Size of Casket Copper-Clad
 (State Color and Finish)
 Manufactured by Genevity Office
 Cemetery } West Lawn
 Crematory }

~~No. 14~~
 Name of Deceased _____
 Residence _____
 Charge to _____
 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 _____