

Hardy & Hardy Funeral Home  
Record

Name of Deceased	Nellie Florence Macklin
Page Number	Page 36
Marital Status	Married
Residence	Geneva, Ind.
Charge To	Raymond Macklin
Address	Geneva, Ind.
Order Given By	Raymond Macklin
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	Housewife
Social Security Number	(blank)
Employer and Address	(blank)
Date of Death	September 11, 1947; 8:00 P.M.
Date of Birth	November 20, 1904
Age	42 Years; 10 Months
Date of Funeral	September 14, 1947; Sunday; 2:00 P.M.
Services At	Evan. United Brethren Ch.
Clergyman	Rev. Rusell Miller, Marion
Religion of the Deceased	U. Brethren
Birthplace	Adams Co.
Resided in the State	(blank)
Place of Death	Adams Co. Hospital
Cause of Death	Cancer; Uremia
Contributory Cause	Metastasis caused from cancer
Certifying Physician	Dr. Beavers, Norman
His Address	Berne, Ind.
Name of Father	Robert Linton
His Birthplace	Indiana
Maiden Name of Mother	Mary McMichael
Her Birthplace	Ohio
Motor/Ship Remains To	(blank)
Size of Casket	(blank)
Manufactured By	(blank)
Cemetery	Gravel Hill, Bryant
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

Yearly No. *1796* Date of Entry...  
 Name of Deceased *Miss Florence Macklin*  
 Married  Single  Widowed  Divorced  
 Husband  Wife  Widow  
 Residence *Florida Business*  
 Charge to *Raymond Macklin*  
 Address *House, Dade*  
 Order given by *Raymond Macklin*  
(or informant)  
 How Secured.....  
 If Veteran, State War.....  
 Occupation *Housewife*  
(Social Security Number)  
 Employer and Address.....  
 Date of Death *Sept. 14, 1947* *8:00 P.M.*  
(Date) (Hour)  
 Date of Birth *November 20, 1894*  
 Age *42* *10*  
(Years) (Months) (Days)  
 Date of Funeral *9-14-47* *June* *2:00 P.M.*  
(Date) (Day of Year) (Hour)  
 Services at *Evangelical United Brethren Ch.*  
 Clergyman *Rev. Bruce Miller - Marion*  
(Address)  
 Religion of the Deceased *U. Brethren*  
 Birthplace *Adams Co.*  
 Resided in the State.....  
(or U. S. or City or County) (Town) (Month)  
 Place of Death *Adams Co. Hospital*  
 Cause of Death *Cancer - Uremia*  
 Contributory Causes *Mitosteres. Cancer*  
*Jaund. Cancer*  
 Certifying Physician *Dr. Bersers, Herman*  
(or Coroner)  
 His Address *Berea, Ohio*  
 Name of Father *Robert Linton*  
 His Birthplace.....  
 Maiden Name of Mother *Mary McMaskeel*  
 Her Birthplace *Ohio*  
 Motor Ship } Remains to.....  
 Size of Casket.....  
(State Color and Number)  
 Manufactured by.....  
 Cemetery } *Gravel Hill - Bayant*

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

