

Hardy & Hardy Funeral Home
Record

Name of Deceased	Josephus Martin
Page Number	Page 112
Marital Status	Married
Residence	Geneva, Ind. R. R.
Husband of	Ruby
Address	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	(blank)
Social Security No.	(blank)
Employer and Address	(blank)
Date of Death	December 15, 1949; 4:00 A.M.
Date of Birth	June 17, 1881
Age	68 Years
Date of Funeral	December 17, 1949; Saturday; 2:00 P.M.
Services At	Hardy Funeral Home
Clergyman	Rev. Garth Shepherd; City
Religion of the Deceased	(blank)
Birthplace	Wells County, Indiana
Resided in the State	(blank)
Place of Death	At Home
Cause of Death	Cerebral Thrombosis
Contributory Cause	Essential Hypertension; Crebral Hemmorrhage
Certifying Physician	Dr. J. V. Schetgen
His Address	City
Name of Father	John Martin
His Birthplace	(blank)
Maiden Name of Mother	Elizabeth Baker
Her Birthplace	(blank)
Motor/Ship Remains To	(blank)
Size of Casket	Oak
Manufactured By	(blank)
Cemetery	Riverside
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

RECORD OF FUNERAL

Yearly No. 99112
 Name of Deceased Josephus Martin
 Married Single Widowed Divorced
 Residence: Leavenworth, Mo.
 Charge to: _____
 Husband Wife Widow Ruby (What Race)
 of _____ of _____ Age of Husband or Wife (if living) _____
 How Secured _____
 If Veteran, State War _____
 Occupation _____
 Employer and Address _____
 Date of Death Dec 15, 1949 (Date) 4:00 P.M. (Hour)
 Date of Birth June 17, 1881
 Age 68
 Date of Funeral 12-17-49 (Date) Sat (Day of Week) 5:00 P.M. (Hour)
 Services at Wesleyan Episcopal Home
 Clergyman Rev. Garret Shepherd (Address)
 Religion of the Deceased _____
 Birthplace Wells Co. Ind.
 Resided in the State _____ (or U.S. or City or County) (Years) (Months)
 Place of Death St. James
 Cause of Death Cerebral thrombosis
 Contributory Causes Essential Hypertension
Cerebral hemorrhage
 Certifying Physician Dr. J. V. Schitzen (or Coroner)
 His Address City
 Name of Father John Martin
 His Birthplace _____
 Maiden Name of Mother Elizabeth Baker
 Her Birthplace _____
 Motor Ship } Remains to _____
 Size of Casket Oak (State Color and Number)
 Manufactured by _____
 Cemetery Reverieside

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 _____
 Motor Ship } Remains to _____