

Hardy & Hardy Funeral Home Record	
Name of Deceased	Alice Morrical Michaels
Page Number	Page 253
Marital Status	Widowed
Residence	Geneva, Indiana
Charge To	
Address	
Order Given By	
Spouse	
If Veteran, State War	
Occupation	
Social Security No.	
Employer and Address	
Date of Death	May 27, 1954; 2:00 p.m.
Date of Birth	Oct. 7, 1867
Age	86 years
Date of Funeral	May 29, 1954; Saturday; 3:00 p.m.
Services At	Hardy Funeral Home
Clergyman	
Religion of the Deceased	
Birthplace	Geneva, Indiana
Resided in the State	
Place of Death	Adams County Hospital
Cause of Death	Cerebral hemorrhage
Contributory Cause	Fractured left hip
Certifying Physician	John B. Terveer
His Address	Decatur, Indiana
Name of Father	Henry M. Morrical
His Birthplace	
Maiden Name of Mother	Melinda Feaster
Her Birthplace	
Motor/Ship Remains To	
Size of Casket	#230 1/2 C. Captn. Shaded
Manufactured By	Connersville Casket
Cemetery	Riverside
Lot No.	
Grave No.	
Section No.	
Block No.	
Owner	

RECORD OF FUNERAL

~~No.~~ No. 253 Yearly No. _____

Name of Deceased Alice M. Michael Michael
 Married Single Widowed Divorced

Residence Geneva, Ind. ~~No.~~ No. 254

Charge to: _____ Name of Deceased _____
 Married Single Widowed Divorced

Address: _____ Residence: Geneva, Ind.

Order given by _____ Charge to: _____
(or informant)

How Secured: _____ Address: _____

If Veteran, State War _____ Order given by _____

Occupation _____ How Secured _____
(Social Security Number)

Employer and Address _____ Date of Death May 27, 1954 2:00 P.
(Date) (Hour)

Date of Birth Oct. 7, 1867 Occupation _____

Age 86 Employer and Address _____
(Years) (Month) (Days)

Date of Funeral May 29, 1954 Sat. 3:00 P.
(Date) (Day of Week) (Hour)

Services at Hardy First Home Date of Birth May 1

Clergyman _____ Age 2
(Address)

Religion of the Deceased _____ Date of Funeral May 30
(Address) (Date)

Birthplace Geneva, Ind. Services at Hardy, Ind.

Resided in the State _____ Clergyman Raymond

Place of Death Adams Co. Hospital Religion of the Deceased _____
(or U. S. or City or County) (Years) (Months)

Cause of Death _____ Birthplace Geneva, Ind.

Contributory Causes Cerebral Hemorrhage Resided in the State _____
Fractured left hip (or U. S.)

Certifying Physician John B. Ferrell Place of Death Jay, Co.

His Address Geneva, Indiana Cause of Death Menin

Name of Father Henry M. Michael Contributory Causes isolated

His Birthplace _____ Certifying Physician _____

Maiden Name of Mother Melindie Fester His Address _____

Her Birthplace _____ Name of Father Carroll

Motor Ship } Remains to _____ His Birthplace _____

Size of Casket 23 1/2 x 30 x 30 C. Capt. Shadel Maiden Name of Mother _____
(State Color and Number)

Manufactured by Connersville Casket Her Birthplace _____

Cemetery } Riverside Motor Ship } Remains to _____
Crematory } Riverside

Lot No. _____

Grave No. _____

Section No. _____

Block No. _____

Owner _____

Diagram of Lot or Vault

30501

Manufactured by M. H. ...
Cemetery } W. L. ...
Crematory }