

Hardy & Hardy Funeral Home
Record

Name of Deceased	Mary Elizabeth Michaud
Page Number	Page 122
Marital Status	Married
Residence	Geneva, Indiana
Charge To	(blank)
Address	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	Housewife
Social Security No.	(blank)
Employer and Address	(blank)
Date of Death	February 28, 1950; 3:30 P.M.
Date of Birth	November 23, 1856
Age	93 Years
Date of Funeral	March 2, 1950; Thursday; 2:00 P.M.
Services At	Methodist Church
Clergyman	Rev. Clayton Steele - City
Religion of the Deceased	(blank)
Birthplace	Missouri
Resided in the State	(blank)
Place of Death	At Home
Cause of Death	Malnutrition & Old Age
Contributory Cause	Fracture Left Hip & Pelvis
Certifying Physician	Dr. J. V. Schetgen
His Address	Geneva, Indiana
Name of Father	Josiah Walker
His Birthplace	(blank)
Maiden Name of Mother	Lucinda Harshbox
Her Birthplace	(blank)
Motor/Ship Remains To	(blank)
Size of Casket	Metal
Manufactured By	Crane & Barel
Cemetery	West Lawn
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

RECORD OF FUNERAL

~~Name of Deceased~~ *P. G. 122*
 Name of Deceased *Mary Elizabeth Michael*
 Residence *Geneva, Indiana*
 Charge to:
 Address:
 Order given by:
 How Secured:
 If Veteran, State War:
 Occupation *Housewife*
 Employer and Address:
 Date of Death *Feb. 28, 1950* *3:30 P.M.*
 Date of Birth *Nov. 23, 1856*
 Age *93*
 Date of Funeral *2-2-50* *Shure 2:00 P.M.*
 Services at *Methodist Church*
 Clergyman *Rev. Clayton State City*
 Religion of the Deceased:
 Birthplace *Massouri*
 Resided in the State:
 Place of Death *At Home*
 Cause of Death *Malnutrition old age*
 Contributory Causes *Fracture left hip & pelvis*
 Certifying Physician *Dr. J. V. Schetsen*
 His Address *Geneva, Ind.*
 Name of Father *Josiah Walker*
 His Birthplace:
 Maiden Name of Mother *Lucinda Sherber*
 Her Birthplace:
 Motor Ship } Remains to
 Size of Casket *Metal*
 Manufactured by *Crown Metal*
 Cemetery } *West Lawn*

Date of Entry *09/21*
 Name of Deceased:
 Residence *St. Regis*
 Charge to:
 Address *Geneva, Ind.*
 Order given by:
 How Secured:
 If Veteran, State War:
 Occupation *Retired*
 Employer and Address:
 Date of Death *Feb. 2*
 Date of Birth *April*
 Age *87*
 Date of Funeral *2/2/50*
 Services at *First*
 Clergyman *Rev. West*
 Religion of the Deceased:
 Birthplace *Indiana*
 Resided in the State:
 Place of Death *Geneva*
 Cause of Death *Cardiac*
 Contributory Causes:
 Certifying Physician *Carl*
 His Address *St. W.*
 Name of Father *Chas*
 His Birthplace:
 Maiden Name of Mother:
 Her Birthplace:
 Motor Ship } Remains to
 Size of Casket *Metal*
 Manufactured by:
 Cemetery } *Riverside*

Lot No.
 Grave No.
 Section No.