

Hardy & Hardy Funeral Home
Record

Name of Deceased	Howard Alexander Miller
Page Number	Page 87
Marital Status	Married
Residence	Geneva, Indiana
Charge To	(blank)
Address	(blank)
Order Given By	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	Teacher
Employer and Address	(blank)
Date of Death	January 12, 1949
Date of Birth	June 21, 1875
Age	73 Years
	January 15, 1949; Saturday; 2:00 P.M.
Date of Funeral	
Services At	Hardy Funeral Home
Clergyman	Rev. Paul Logan
Religion of the Deceased	(blank)
Birthplace	Wabash Twp., Ind.
Resided in the State	(blank)
Place of Death	Adams County Hospital
Cause of Death	Acute Cardiac Dilation
Contributory Cause	Hypertension
Certifying Physician	Dr. C. P. Hinchman
His Address	Geneva, Indiana
Name of Father	Henry Miller
His Birthplace	Ohio
Maiden Name of Mother	Martha Boehm
Her Birthplace	Virginia
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

Page No. 87 Yearly No. _____ Date of Entry _____

Name of Deceased Howard Alexander Miller

Residence Geneva, Ind.

Charge to _____

Order given by _____

How Secured _____

If Veteran, State War _____

Occupation Teacher

Employer and Address _____

Date of Death 1-12-49

Date of Birth June 21, 1875

Age 73

Date of Funeral 1-15-49 Sat

Services at Henry F. Jones Home

Clergyman Rev. Paul Logan

Religion of the Deceased _____

Birthplace W. Adams, Ind.

Resided in the State _____

Place of Death Adams Co. Hospital

Cause of Death Acute Coronary

Contributory Causes Hypertension

Certifying Physician Dr. C. P. Hinckman

His Address Geneva, Ind.

Name of Father Henry Miller

His Birthplace Ohio

Maiden Name of Mother Margaret Beck

Her Birthplace Virginia

Motor Ship } Remains to _____

Size of Casket Ord.

Manufactured by _____

Cemetery (Crematory) Residence

Date of Entry _____

Name of Deceased L. T. Miller

Residence 1235 S. Main

Charge to _____

Order given by _____

How Secured _____

If Veteran, State War _____

Occupation Firm

Employer and Address _____

Date of Death April 26, 1949

Date of Birth April 2, 1876

Age 73

Date of Funeral 1-26-49

Services at Methodist

Clergyman Rev. Under

Religion of the Deceased _____

Birthplace West Va.

Resided in the State _____

Place of Death St. Louis

Cause of Death Stroke

Contributory Causes _____

Certifying Physician C. B. ...

His Address ...

Name of Father ...

His Birthplace _____

Maiden Name of Mother ...

Her Birthplace _____

Motor Ship } Remains to _____

Size of Casket _____

Manufactured by ...

Cemetery (Crematory) ...

Lot No. _____
Grave No. _____
Section No. _____
Block No. _____

