

Hardy & Hardy Funeral Home
Record

| | |
|--------------------------|--|
| Name of Deceased | James Otis Myers |
| Page Number | Page 63 |
| Marital Status | Widowed |
| Residence | Bryant, Ind. |
| Charge To | (blank) |
| Address | (blank) |
| Order Given By | (blank) |
| How Secured | (blank) |
| If Veteran, State War | (blank) |
| Occupation | Laborer |
| Social Security No. | 308-14-2967 |
| Employer and Address | (blank) |
| Date of Death | March 27, 1948; 3:00 A.M. |
| Date of Birth | March 22, 1881 |
| Age | 67 Years; 5 Days March 30, 1948; Tuesday; 2:00 P.M. |
| Date of Funeral | |
| Services At | Hardy Funeral Home |
| Clergyman | Rev. Paul Logan - Bryant |
| Religion of the Deceased | (blank) |
| Birthplace | Bryant, Ind. |
| Resided in the State | (blank) |
| Place of Death | Bryant, Ind.; at Home |
| Cause of Death | Apoplexy |
| Contributory Cause | Hypertension |
| Certifying Physician | Dr. C. P. Hinchman |
| His Address | Geneva, Indiana |
| Name of Father | (cut off) |
| His Birthplace | (cut off) |
| Maiden Name of Mother | (cut off) |
| Her Birthplace | (cut off) |
| Motor/Ship Remains To | (blank) |
| Size of Casket | Sailex |
| Manufactured By | Cincinnati Coffin Co. |
| Cemetery | Gravel Hill - Bryant |
| Lot No. | (blank) |
| Grave No. | (blank) |
| Section No. | (blank) |
| Block No. | (blank) |
| Owner | (blank) |

RECORD OF FUNERAL

Yearly No. pg 63 **Date of** _____
Name of Deceased James Otis Myers
 Married Single Widowed Divorced
Residence: Bayant, Ind. Street No. _____
Charge to: _____
Address: _____
Order given by: _____
(or Informant)
How Secured: _____
If Veteran, State War _____
Occupation: Laborer 3-8-14-2967
(Social Security Number)
Employer and Address _____
Date of Death: March 27, 1948 3:00 P.M.
(Date) (Hour)
Date of Birth: March 27, 1880
Age: 67 5
(Years) (Months) (Days)
Date of Funeral: 3/30/48 Sund. 2:00 P.M.
(Date) (Day of Week) (Hour)
Services at: Hardy Funeral Home
Clergyman: Rev. Paul Logan - Bayant
(Address)
Religion of the Deceased: _____
Birthplace: Bayant, Ind.
Resided in the State: _____
(or U. S. or City or Country) (Years) (Months)
Place of Death: Bayant, Ind. at home
Cause of Death: Apoplexy
Contributory Causes: Hypertension
Certifying Physician: D. C. P. Hinshon
(if Coroner)
Her Birthplace: _____
Motor Vehicle } Remains to _____
Size of Casket: Size 6
(State Color and Number)
Manufactured by: Cincinnati Coffin Co.
Cemetery } Crematory } Gravel Hill - Bayant
Diagram of Lot or Vault

Name of Deceased _____
Residence: _____
Charge to: _____
Address: _____
Order given by: _____
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: _____
Certifying Physician: _____
His Address: _____
Name of Father: _____
His Birthplace: _____
Maiden Name of Mother: _____
Her Birthplace: _____
Motor Vehicle } Remains to _____
Ship } _____
Size of Casket: _____
Manufactured by: _____
Cemetery } Crematory } St.

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