

Hardy & Hardy Funeral Home Record

Name of Deceased	James Sylvester Newcomer
Page Number	Page 214
Marital Status	Widowed
Residence	Geneva, Indiana
Charge To	
Address	
Spouse	
How Secured	
If Veteran, State War	
Occupation	
Social Security No.	
Employer and Address	
Date of Death	March 1, 1953; 2:30 a.m.
Date of Birth	Feb. 26, 1876
Age	77 years; 2 days
Date of Funeral	March 3, 1953; Tuesday; 2:00 p.m.
Services At	Hardy & Hardy Funeral Home
Clergyman	Rev. Roger Lautzenheiser
Religion of the Deceased	U. B.
Birthplace	
Resided in the State	
Place of Death	Geneva, Indiana
Cause of Death	Uremia
Contributory Cause	??
Certifying Physician	Dr. J. V. Schetgen
His Address	Geneva, Indiana
Name of Father	William Newcomer
His Birthplace	
Maiden Name of Mother	?? Nelson
Her Birthplace	
Motor/Ship Remains To	
Size of Casket	Chesterfield
Manufactured By	Cincinnati Coffin Co.
Cemetery	Riverside
Lot No.	
Grave No.	
Section No.	
Block No.	
Owner	

RECORD OF FUNERAL

Form No. 214 Yearly No. _____

Name of Deceased James Sylvester Newcomer
 Married Single Widowed Divorced

Residence: Greene, Ind.

Charge to: _____

Address: _____

Order given by: _____
(as informant)

How Secured: _____

If Veteran, State War _____

Occupation: _____
Death Benefit Payable:

Employer and Address: _____

Date of Death: March 11, 1953 2:30 P.M.
(Date) (Time)

Date of Birth: Feb. 26, 1896
(Date) (Time)

Age: 57
(Years) (Months) (Days)

Date of Funeral: March 13, 1953 2:00 P.M.
(Date) (Time)

Services at: St. Mary's Holy Family Ch.

Clergyman: Rev. Roy L. Hutchins
(Address)

Religion of the Deceased: P.B.

Birthplace: _____

Resided in the State: _____
(or U. S. or City or County) (Years) (Months)

Place of Death: Greene, Ind.

Cause of Death: Uremia

Contributory Cause: Arteriosclerosis

Certifying Physician: Dr. J. V. Schetzler
(or Coroner)

His Address: Greene, Ind.

Name of Father: Wm. Newcomer

His Birthplace: _____

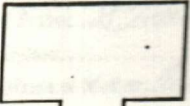
Maiden Name of Mother: Tolson

Her Birthplace: _____

Motor Ship } Remains to
 Size of Casket: Chesterfield

Manufactured by: Wm. H. Coffin Co.

Cemetery: Rockside



Lot No. 11350
 Grave No. _____
 Section No. _____
 Block No. _____
 Owner _____

Form No. 213 Type _____

Name of Deceased: Paul

Residence: Greene, Ind.

Charge to: _____

How Secured: Ch. E. H. (Other Sec.)

If Veteran, State War _____

Occupation: Housewife

Employer and Address: _____

Date of Death: Feb. 22, 1952

Date of Birth: Aug. 4, 1894

Age: _____

Date of Funeral: Feb. 25, 1952

Services at: St. Mary's

Clergyman: Rev. Ewers

Religion of the Deceased: _____

Birthplace: _____

Resided in the State: _____

Place of Death: Greene, Ind.

Cause of Death: Uremia

Contributory Cause: Arteriosclerosis

Certifying Physician: Dr. J. V. Schetzler

His Address: Greene

Name of Father: Henry

His Birthplace: _____

Maiden Name of Mother: _____

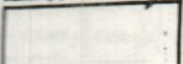
Her Birthplace: _____

Motor Ship } Remains to

Size of Casket: _____

Manufactured by: Wm. H. Coffin Co.

Cemetery: Rockside



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