

Hardy & Hardy Funeral Home
Record

Name of Deceased	George Siegel Pyle
Page Number	Page 18
Marital Status	Married
Residence	Bryant, Ind. R. R.
Charge To	Mary Catherine Pyle
Address	Bryant, Ind. R. R.
Order Given By	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	Farmer
Social Security Number	(blank)
Employer and Address	(blank)
Date of Death	March 8, 1947; 5:00 A.M.
Date of Birth	September 29, 1864
Age	83 Years
Date of Funeral	March 10, 1947; Monday; 1:00 P.M.
Services At	Westchester Church
Clergyman	Rev. Paul Logan - Bryant
Religion of the Deceased	(blank)
Birthplace	Jay County
Resided in the State	(blank)
Place of Death	Bryant, Ind. R. R.
Cause of Death	Chronic Myocarditis
Contributory Cause	Bright's Disease; Diabetes
Certifying Physician	Dr. Amos Reusser
His Address	Berne, Indiana
Name of Father	John C. Pyle
His Birthplace	Ohio
Maiden Name of Mother	Christy Ann Daugh...
Her Birthplace	Indiana
Motor/Ship Remains To	(blank)
Size of Casket	Oak Full Ranch(?)
Manufactured By	Lawson
Cemetery	Daugherty
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

RECORD OF FUNERAL

Total No. *pg 18* Yearly No. *9* Date of Entry *Legal Order*

Name of Deceased *George Bryant*
 Married Single Widowed Other

Residence *Bryant, Ind. R.R.*

Charge to *Mary Catherine Ryel*

Address *Bryant, Ind. R.R.*

Order given by _____ (or Informant)

How Secured _____

If Veteran, State War _____

Occupation *Farmer* (Social Security Number)

Employer and Address _____

Date of Death *3-8-47* (Date) *5:00 AM* (Hour)

Date of Birth *Sept. 29, 1864*

Age *83* (Years) _____ (Months) _____ (Days)

Date of Funeral *3-12-47* (Date) *Mon.* (Day of Week) *1:00 P.M.* (Hour)

Services at *Westchester Church*

Clergyman *Rev. Paul Logan* (Address) *Bryant*

Religion of the Deceased _____

Birthplace *Jay Co. Indiana*

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

Place of Death *Bryant, Ind. R.R.*

Cause of Death *Chronic Myocarditis*

Contributory Causes *Bright Disease*

Certifying Physician *Dr. Charles Rensler* (or Coroner)

His Address *Bloom, Indiana*

Name of Father *J. Bond C. Ryel*

His Birthplace *Ohio*

Maiden Name of Mother *Abrieta Ann Daugh*

Her Birthplace _____

Motor } Remains to _____
 Ship }

Size of Casket *Dark full couch* (State Color and Number)

Manufactured by *Lawson*

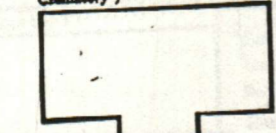


Diagram of Lot or Vault

Lot No. _____

Grave No. _____

Section No. _____

Block No. _____

Owner *J. A. Ryel*

Total No. *pg 19*
 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 _____
 Cause of Death _____
 Contributory Causes _____
 Certifying Physician _____
 His Address _____
 Name of Father _____
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____
 Motor } Remains to _____
 Ship }