

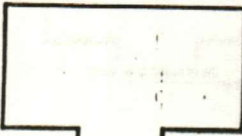
Hardy & Hardy Funeral Home
Record

Name of Deceased	Sarah Emaline Rape
Page Number	Page 43
Marital Status	Widowed
Residence	Geneva, Ind.
Charge To	(blank)
Address	(blank)
Order Given By	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	Housewife
Social Security Number	(blank)
Employer and Address	(blank)
Date of Death	November 10, 1947; 11:00 A.M.
Date of Birth	February 27, 1856
Age	91 Years
Date of Funeral	(blank)
Services At	(blank)
Clergyman	(blank)
Religion of the Deceased	(blank)
Birthplace	Indiana
Resided in the State	(blank)
Place of Death	Geneva, Indiana
Cause of Death	Complications
Contributory Cause	Myocarditis & Arterio Sclerorsis
Certifying Physician	Dr. Myron Habegger
His Address	Berne, Indiana
Name of Father	George Buckey
His Birthplace	Sydney, Ohio
Maiden Name of Mother	Kelly
Her Birthplace	(blank)
Motor/Ship Remains To	(blank)
Size of Casket	(blank)
Manufactured By	(blank)
Cemetery	Riverside
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

RECORD OF FUNERAL

Total No. 43 Yearly No. _____ Date of Entry _____
 Name of Deceased Sarah Emeline Hayes
 Married Single Widowed Divorced
 Residence Geneva, Ind.
 Charge to _____
 Address _____
 Order given by _____ (or Informant) _____
 How Secured: _____
 If Veteran, State War _____
 Occupation Housewife
 Employer and Address _____ (Social Security Number) _____
 Date of Death Nov. 10, 1947 11:00 AM
 Date of Birth February 27, 1856
 Age 91
 Date of Funeral _____
 Services at: _____
 Clergyman: _____ (Address) _____
 Religion of the Deceased _____
 Birthplace Indiana
 Resided in the State _____ (or U. S. or City or Country) (Years) (Months)
 Place of Death Geneva, Indiana
 Cause of Death Complications
 Contributory Causes Myocarditis + Arterio Sclerosis
 Certifying Physician D. W. Myron Hehner
 His Address Geneva, Indiana
 Name of Father George Bushong
 His Birthplace Geneva, Ohio
 Maiden Name of Mother Kelly
 Her Birthplace _____
 Motor Ship } Remains to _____
 Size of Casket _____ (State Color and Number) _____
 Manufactured by _____
 Cemetery Crematory } Riverside

Serial No. 44
 Name of Deceased Everett
 Married Single
 Residence Odessa
 Charge to Governor
 Address Returned
 Order given by Gerald
 How Secured 14514
 If Veteran, State War World
 Occupation _____
 Employer and Address _____
 Date of Death _____ (Date)
 Date of Birth _____ (Date)
 Age _____ (Years) (Months)
 Date of Funeral _____ (Date) (Day of Year)
 Services at: _____
 Clergyman: _____
 Religion of the Deceased _____
 Birthplace Adams Co.
 Resided in the State _____ (or U. S. or City or Country)
 Place of Death _____
 Cause of Death: _____
 Contributory Causes _____
 Certifying Physician _____ (or Coroner)
 His Address _____
 Name of Father Lawrence
 His Birthplace Adams Co.
 Maiden Name of Mother Will
 Her Birthplace Jay Co.
 Motor Ship } Remains to _____
 Size of Casket Gavit
 Manufactured by: _____ (State Color and Number) _____
 Cemetery Crematory } _____



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

Diagram of Lot or Vault