

Hardy & Hardy Funeral Home Record

Name of Deceased	William Levi Ray
Page Number	Page 174
Marital Status	Married
Residence	R. R. Geneva
Charge To	
Address	
Spouse	
How Secured	
If Veteran, State War	
Occupation	Blacksmith & Farmer
Social Security No.	
Employer and Address	
Date of Death	Oct. 7, 1951; 11:00 p.m.
Date of Birth	Feb. 18, 1871
Age	80 years
Date of Funeral	Oct. 10, 1951; Wednesday; 2:00 p.m.
Services At	Hardy Funeral Home
Clergyman	Rev. Garth Shepherd - city
Religion of the Deceased	
Birthplace	Adams County, Indiana
Resided in the State	
Place of Death	
Cause of Death	
Contributory Cause	
Certifying Physician	Dr. J. V. Schetgen
His Address	Geneva, Indiana
Name of Father	John Ray
His Birthplace	
Maiden Name of Mother	Sarah Bryan
Her Birthplace	
Motor/Ship Remains To	
Size of Casket	Oak
Manufactured By	Bayestown Casket
Cemetery	M.R.E.
Lot No.	
Grave No.	
Section No.	
Block No.	
Owner	

RECORD OF FUNERAL

No. 174 Family No. _____
 Name of Deceased Wm. Levi Ray Name of Deceased _____
 Residence: R. R. Geneva Residence: _____
 Charge to: _____ Charge to: _____
 Address: _____ Address: _____
 Order given by: _____ Order given by: _____
 How Secured: _____ How Secured: _____
 If Veteran, State War _____ If Veteran, State War _____
 Occupation Blacksmith & Farmer Occupation _____
 Employer and Address _____ Employer and Address _____
 Date of Death Oct. 7, 1951 11:00 AM Date of Death _____
 Date of Birth Feb. 11, 1891 Date of Birth _____
 Age 80 Age _____
 Date of Funeral 10/15/51 Date of Funeral _____
 Services at Harvey Hill Home Services at _____
 Clergyman Rev. Faith Shepherd Clergyman _____
 Religion of the Deceased _____ Religion of the Deceased _____
 Birthplace Adams, La. Ind. Birthplace _____
 Resided in the State _____ Resided in the State _____
 Place of Death At Home Place of Death _____
 Cause of Death _____ Cause of Death _____
 Contributory Causes _____ Contributory Causes _____
 Certifying Physician Dr. V. Schetzgen Certifying Physician _____
 His Address Geneva, Ind. His Address _____
 Name of Father John Ray Name of Father _____
 His Birthplace _____ His Birthplace _____
 Maiden Name of Mother Sarah Bayan Maiden Name of Mother _____
 Her Birthplace _____ Her Birthplace _____
 Motor Ship } Remains to _____ Motor Ship } Remains to _____
 Size of Casket Box Size of Casket _____
 Manufactured by Buyer's Casket (State Code and Number) Manufactured by _____
 Cemetery } M. R. E. Cemetery } _____
 Crematory } _____ Crematory } _____

No. 173 Family No. _____
 Name of Deceased Mildred Name of Deceased _____
 Residence: _____ Residence: _____
 Charge to: _____ Charge to: _____
 Address: _____ Address: _____
 Order given by: _____ Order given by: _____
 How Secured: _____ How Secured: _____
 If Veteran, State War _____ If Veteran, State War _____
 Occupation Retired Occupation _____
 Employer and Address _____ Employer and Address _____
 Date of Death Oct 2, 1951 Date of Death _____
 Date of Birth March 6, 1871 Date of Birth _____
 Age 80 Age _____
 Date of Funeral 10/15/51 Date of Funeral _____
 Services at Harvey Hill Home Services at _____
 Clergyman Rev. Faith Shepherd Clergyman _____
 Religion of the Deceased _____ Religion of the Deceased _____
 Birthplace Paoli, Ind. Birthplace _____
 Resided in the State _____ Resided in the State _____
 Place of Death At Home Place of Death _____
 Cause of Death _____ Cause of Death _____
 Contributory Causes _____ Contributory Causes _____
 Certifying Physician Dr. V. Schetzgen Certifying Physician _____
 His Address Geneva, Ind. His Address _____
 Name of Father John Ray Name of Father _____
 His Birthplace _____ His Birthplace _____
 Maiden Name of Mother _____ Maiden Name of Mother _____
 Her Birthplace _____ Her Birthplace _____
 Motor Ship } Remains to _____ Motor Ship } Remains to _____
 Size of Casket Box Size of Casket _____
 Manufactured by Buyer's Casket (State Code and Number) Manufactured by _____
 Cemetery } Geneva Cemetery } _____
 Crematory } _____ Crematory } _____

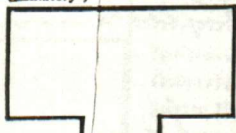


Diagram of Lot or Vault

Lot No. _____
 Grave No. _____
 Section No. _____
 Block No. _____
 Owner 10800

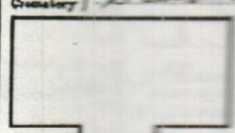


Diagram of Lot or Vault