

Hardy & Hardy Funeral Home  
Record

Name of Deceased	Katie Beston Rhoades
Page Number	Page 49
Marital Status	Widowed
Residence	Geneva, Ind.
Charge To	(blank)
Address	(blank)
Order Given By	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	(blank)
Employer and Address	(blank)
Date of Death	December 06, 1947
Date of Birth	July 3, 1863
Age	84 Years; 5 Months
Date of Funeral	(blank)
Services At	(blank)
Clergyman	Rev. Clayton Steele
Religion of the Deceased	(blank)
Birthplace	Ft. Wayne, Indiana
Resided in the State	(blank)
Place of Death	Geneva, Ind.
Cause of Death	Myocardial degeneration
Contributory Cause	?
Certifying Physician	Dr. C. P. Hinchman
His Address	Geneva, Ind.
Name of Father	Patrick Beston
His Birthplace	Ireland
Maiden Name of Mother	Jane MacFen
Her Birthplace	Piqua, Ohio
Motor/Ship Remains To	(blank)
Size of Casket	(blank)
Manufactured By	(blank)
Cemetery	Hillcrest, Pierceton
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

# RECORD OF FUNERAL

Total No. 2949 Yearly No. Katie Beston Phandea  
Name of Deceased

Married  Single  Widowed  Divorced  
Residence Geneva, Ind.

Charge to.....  
Address.....

Order given by.....  
(or Informant)

How Secured.....

If Veteran, State War.....  
Occupation.....  
(Serial Security Number)

Employer and Address.....

Date of Death Dec. 6, 1947  
(Date) (Hour)

Date of Birth July 3, 1863  
Age 84 5  
(Years) (Months) (Days)

Date of Funeral.....  
(Date) (Day of Week) (Hour)

Services at.....  
Clergyman Rev. Clayton Steele  
(Address)

Religion of the Deceased.....  
Birthplace St. Wayne, Ind.

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

Place of Death Geneva Ind.  
Cause of Death Myocardial degeneration

Contributory Causes Metallic Stems

Certifying Physician Dr. C. P. Hinchman  
(or Coroner)

His Address Geneva, Indiana

Name of Father Patrick Beston

His Birthplace Ireland

Maiden Name of Mother Jane McMaister

Her Birthplace Logansport, Ohio

Motor Ship } Remains to.....  
Size of Casket.....  
(State Color and Number)

Manufactured by.....  
Cemetery } Hicrest, Pierreton  
Crematory }

Lot No.....  
Grave No.....

Section No.....  
Block No.....

Owner.....

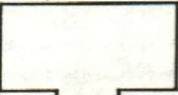


Diagram of Lot or Vault

Total No. 2950

Name of Deceased.....  
 Married

Residence Geneva

Charge to Geneva

Address Geneva

Order given by.....

How Secured.....

If Veteran, State War.....

Occupation None

Employer and Address.....

Date of Death Dec. 6, 1947  
(Date) (Hour)

Date of Birth July 3, 1863  
Age 84  
(Years)

Date of Funeral.....  
(Date) (Day of Week) (Hour)

Services at.....

Clergyman.....

Religion of the Deceased.....

Birthplace Geneva, Ind.

Resided in the State.....

Place of Death Geneva, Ind.

Cause of Death.....

Contributory Causes.....

Certifying Physician.....

His Address Geneva, Ind.

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket.....

Manufactured by.....

Cemetery } Hicrest, Pierreton  
Crematory }