

	Hardy & Hardy Funeral Home Record
Name of Deceased	Lola Jane Schaefer
Page Number	Page 94
Marital Status	Widowed
Residence	Geneva, Indiana
Widow Of	Cornelius - 66
Charge To	(blank)
Address	(blank)
Order Given By	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	Housewife
Social Security No.	308-14-2967
Employer and Address	(blank)
Date of Death	March 5, 1949; 6:00 A.M.
Date of Birth	May 6, 1885
Age	64 Years
Date of Funeral	March 7, 1949; Monday; 2:30 P.M.
Services At	(cut off)
Clergyman	(cut off)
Religion of the Deceased	United Brethren
Birthplace	Jay Co., Ind.
Resided in the State	(blank)
Place of Death	At Home
Cause of Death	Metastatic Carcinoma from breast
Contributory Cause	(cut off)
Certifying Physician	Dr. C. P. Hinchman
His Address	Geneva, Indiana
Name of Father	Jesse Ford
His Birthplace	(blank)
Maiden Name of Mother	Angela Michael
Her Birthplace	(blank)
Motor/Ship Remains To	(blank)
Size of Casket	(blank)
Manufactured By	(blank)
Cemetery	Westlawn
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

[Redacted] 9994 Party No. _____
 Name of Deceased Lyle Paul Schaefer
 Male Female Married Divorced
 Residence Geneva, Ind
 Charge to: _____
 [Redacted] 66 Year
 How Secured _____
 If Veteran, State War _____
 Occupation Housewife Social Security Number _____
 Employer and Address _____
 Date of Death March 15, 1949 6:00 ¹⁷ P.
 (Date) (Hour)
 Date of Birth May 6, 1885
 (Date) (Month) (Day) (Year)
 Age 64
 Date of Funeral 3/2/49 Monday 2:30 P.
 (Date) (Day of Week) (Hour)
 Clergyman Evangelist
 Religion of the Deceased United Methodist
 Birthplace Jay Co. Indiana
 Resided in the State _____
 (in U. S. or City or County) (Years) (Months)
 Place of Death At Home
 Cause of Death Metastatic Carcinoma
 Contributory Causes From breast
 Certifying Physician D. C. P. Kinckman
 His Address Geneva, Ind
 Name of Father James Paul
 His Birthplace _____
 Maiden Name of Mother Myrtle M. Mendenhall
 Her Birthplace _____
 (Under Ship) Remains to _____
 Size of Casket _____
 (State Color and Number)
 Manufactured by _____
 Cemetery W. C. Mendenhall
 Owner _____
 Lot No. _____
 Grave No. _____
 Section No. _____
 Block No. _____
 Owner _____