

Hardy & Hardy Funeral Home
Record

Name of Deceased	Richard Joseph Schetgen
Page Number	Page 114
Marital Status	Single
Residence	Geneva, Ind.
Address	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	(blank)
Social Security No.	(blank)
Employer and Address	(blank)
Date of Death	December 21, 1949; 5:13 A.M.
Date of Birth	August 07, 1944
Age	5 Years; 4 Months
	December 23, 1949; Friday; 2:00 P.M.
Date of Funeral	
Services At	Hardy Funeral Home
Clergyman	Rev. Clayton Steele - City
Religion of the Deceased	(blank)
Birthplace	Indianapolis, Ind.
Resided in the State	(blank)
Place of Death	At Home
Cause of Death	Cardiac Failure
Contributory Cause	Congenital Heart Condition
Certifying Physician	Dr. J. V. Schetgen
His Address	Geneva, Ind.
Name of Father	Joseph V. Schetgen
His Birthplace	(blank)
Maiden Name of Mother	Charlotte Butz
Her Birthplace	(blank)
Motor/Ship Remains To	(blank)
Size of Casket	4 Fr,
Manufactured By	Kiern - Muncie
Cemetery	West Lawn
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

RECORD OF FUNERAL

~~Form No.~~ 114 Yearly No. _____
 Name of Deceased Richard Joseph Schutzen
 Married Single Widowed Divorced
 Residence: Geneva, Ind.
 Charge to: _____
 Address: _____
 Order given by: _____ (or informant)
 How Secured: _____
 If Veteran, State War _____
 Occupation _____
 Employer and Address _____
 Date of Death Dec 21, 1949 5:13 P.M.
 Date of Birth August 7, 1944
 Age 5
 Date of Funeral Dec 23, 1949 Fri 2:00 P.M.
 Services at Harley Funeral Home
 Clergyman Rev Clayton Steele City
 Religion of the Deceased _____
 Birthplace Indianapolis, Ind.
 Resided in the State _____
 Place of Death At Home
 Cause of Death Cerebral Embolus
 Contributory Causes Congenital Heart Condition
 Certifying Physician Dr. J. V. Schutzen
 His Address Geneva, Ind.
 Name of Father Joseph V. Schutzen
 His Birthplace _____
 Maiden Name of Mother Charlette Rutz
 Her Birthplace _____
 Motor Ship } Remains to _____
 Size of Casket 4 ft
 Manufactured by Kroy - Muncie
 Cemetery } West Lawn

~~Form No.~~ 113 Yearly No. _____
 Name of Deceased J. D. ...
 Married Single
 Residence Geneva, Ind.
 Charge to: _____
 Address: _____
 Married Widowed Fred D.
 How Secured: _____ Age of Husband or Wife _____
 If Veteran, State War _____
 Occupation Housewife
 Employer and Address _____
 Date of Death Dec 19, 1949
 Date of Birth Dec 22, 1877
 Age 72
 Date of Funeral 12/21/49 Wed
 Services at Harley Funeral Home
 Clergyman Rev. Clayton
 Religion of the Deceased _____
 Birthplace Muncie, Ind.
 Resided in the State _____
 Place of Death Geneva, Ind.
 Cause of Death Acute Coronary
 Contributory Causes Hypertension and Arteriosclerosis
 Certifying Physician Dr. J. D. ...
 His Address _____
 Name of Father Samuel F. ...
 His Birthplace _____
 Maiden Name of Mother Anna ...
 Her Birthplace _____
 Motor Ship } Remains to _____