

Hardy & Hardy Funeral Home
Record

Name of Deceased	Osie Catherine Shimp
Page Number	Page 119
Marital Status	Single
Residence	Geneva, Ind.
Address	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	Telephone Operator
Social Security No.	(blank)
Employer and Address	(blank)
Date of Death	February 4, 1950; 5:30 A.M.
Date of Birth	September 16, 1882
Age	68 Years
Date of Funeral	February 6, 1950; Monday; 2:00 P.M.
Services At	Hardy Funeral Home
Clergyman	Rev. Johnson - Huntington, Ind.
Religion of the Deceased	(blank)
Birthplace	Ohio
Resided in the State	(blank)
Place of Death	At Home
Cause of Death	Osteo myelitis of rt. Hip
Contributory Cause	(blank)
Certifying Physician	Dr. C. P. Hinchman
His Address	Geneva, Ind.
Name of Father	John B. Shimp
His Birthplace	Ohio
Maiden Name of Mother	Sarah Holmes
Her Birthplace	Virginia
Motor/Ship Remains To	(blank)
Size of Casket	Oak
Manufactured By	F. H. Hill
Cemetery	Riverside
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

RECORD OF FUNERAL

~~No.~~ **pg 119** Yearly No.

Name of Deceased **Osie Catherine Shimp**

Residence **Geneva, Indiana**

Charge to:

Address:

Order given by:

How Secured:

If Veteran, State War:

Occupation **Telephone operator**

Employer and Address:

Date of Death **Feb. 4, 1950** **5:30 AM**

Date of Birth **Sept. 16, 1882**

Age **68**

Date of Funeral **Feb. 6, 1950** **2:00 PM**

Services at **Harvey Funeral Home**

Clergyman **Rev. Johnson - Huntington**

Religion of the Deceased:

Birthplace **Ohio**

Resided in the State:

Place of Death **At Home**

Cause of Death **Pat. myelitis**

Contributory Causes **hip**

Certifying Physician **Dr. C. P. Henschman**

His Address **Geneva, Ind.**

Name of Father **John B. Shimp**

His Birthplace **Ohio**

Maiden Name of Mother **Sarah Halmes**

Her Birthplace **Virginia**

Motor Ship } Remains to

Size of Casket **Pat.**

Manufactured by: **F. H. Hill**

Cemetery **Recesside**

~~No.~~ **pg 120** Name of Deceased:

Residence **Geneva**

Charge to:

Address:

Order given by:

How Secured:

If Veteran, State War:

Occupation **Farmer**

Employer and Address:

Date of Death **Feb.**

Date of Birth **Jan.**

Age **73**

Date of Funeral **2-17-50**

Services at **Harvey**

Clergyman **Rev. ...**

Religion of the Deceased:

Birthplace **Geneva**

Resided in the State:

Place of Death **Harvey**

Cause of Death:

Contributory Causes **Heart**

Certifying Physician **Dr. ...**

His Address **Geneva**

Name of Father **John**

His Birthplace:

Maiden Name of Mother:

Her Birthplace:

Motor Ship } Remains to

Size of Casket **Recesside**