

	Hardy & Hardy Funeral Home Record
Name of Deceased	William Jefferson Sisk
Page Number	Page 106
Marital Status	Widowed
Residence	Bryant, Ind.
Charge To	(blank)
Address	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	Farmer
Social Security No.	(blank)
Employer and Address	(blank)
Date of Death	July 22, 1949; 3:45 P.M.
Date of Birth	March 24, 1875
Age	74 Years; 4 Months
Date of Funeral	July 25, 1949; Monday; 2:00 P.M.
Services At	Hardy Funeral Home
Clergyman	Rev. Smithie - Bryant
Religion of the Deceased	(blank)
Birthplace	Jackson Twp., Ind.
Resided in the State	(blank)
Place of Death	At Home
Cause of Death	Generalized Carcinoma
Contributory Cause	Cancer of Prostate; Diabetes; Mellitus?
Certifying Physician	Dr. J. V. Schetgen
His Address	Geneva, Indiana
Name of Father	James Leonard Sisk
His Birthplace	(blank)
Maiden Name of Mother	Ann Rebecca Lucas
Her Birthplace	(blank)
Motor/Ship Remains To	(blank)
Size of Casket	Oak
Manufactured By	(blank)
Cemetery	Gravel Hill
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

RECORD OF FUNERAL

~~No.~~ *Pg. 106* Yearly No. _____ Date of Entry *See*

Name of Deceased *Miriam Jefferson Hill*
 Married Single Widowed General

Residence: *Bryant, Ind.*

Charge to: _____

Address: _____

Order given by: _____
(or Informant)

How Secured: _____

If Veteran, State War: _____

Occupation *Farmer*
(Social Security Number)

Employer and Address: _____

Date of Death *July 23, 1949* *3:45 P.M.*

Date of Birth *March 24, 1875*
(Day) (Month) (Year)

Age *74*
(Years) (Months) (Days)

Date of Funeral *7-25-49* *Mon.* *2:00 P.M.*
(Date) (Day of Week) (Time)

Services at *Harley Funeral Home*

Clergyman *Rev. Amos - Bryant*
(Address)

Religion of the Deceased: _____

Birthplace *Jackson Twp. Ind.*

Resided in the State: _____
(or U. S. or City or County) (Years) (Months)

Place of Death *At Home*

Cause of Death *Generalized Carcinoma*

Contributory Causes *Cancer of Prostate
 Diabetes Mellitus*

Certifying Physician *Dr. J. V. Chetson*
(or Surgeon)

His Address *Geneva, Ind.*

Name of Father *James Leonard Hill*

His Birthplace: _____

Maiden Name of Mother *Ann Rebecca Lucas*

Her Birthplace: _____

Motor Remains to Ship

Size of Casket *6x8*
(State Color and Number)

Manufactured by: _____

Cemetery *Gravel Hill*

~~No.~~ *Pg. 105* Name of Deceased _____
 Married Single

Residence: *Bryant*

Charge to: _____

Address: _____

Order given by: _____

How Secured: _____

If Veteran, State War: _____

Occupation *Farmer*

Employer and Address: _____

Date of Death *7-22-49*

Date of Birth *Jan 17, 1877*
(Month) (Day) (Year)

Age *72*
(Years) (Months) (Days)

Date of Funeral *7-24-49*
(Date) (Day of Week)

Services at *Wesleyan Ch.*

Clergyman *Rev. Anderson*

Religion of the Deceased: _____

Birthplace *Jay Co. Ind.*

Resided in the State: _____
(or U. S. or City or County)

Place of Death *At Home*

Cause of Death *C.A.R.C. idiom*

Contributory Causes: _____

Certifying Physician *Dr. C. H. ...*
(or Surgeon)

His Address *Geneva, Ind.*

Name of Father *Oliver Bush*

His Birthplace: _____

Maiden Name of Mother *Alonza*

Her Birthplace: _____