

Hardy & Hardy Funeral Home Record	
Name of Deceased	Sarah Alice Snow
Page Number	Page 195
Marital Status	Widowed
Residence	Ceylon, Indiana
Charge To	
Address	
Spouse	
How Secured	
If Veteran, State War	
Occupation	Housewife
Social Security No.	
Employer and Address	
Date of Death	July 8, 1952; 1:30 a.m.
Date of Birth	Nov. 11, 1857
Age	94 years
Date of Funeral	July 10, 1952; Thursday; 2:00 p.m.
Services At	Hardy Funeral Home
Clergyman	Roger Lautzenheiser
Religion of the Deceased	Methodist
Birthplace	Licking County, Ohio
Resided in the State	
Place of Death	Decatur Hospital
Cause of Death	Cardiac Failure; Old age
Contributory Cause	??
Certifying Physician	Dr. J. V. Schetgen
His Address	Geneva, Indiana
Name of Father	Andrew Jackson Hoskinson
His Birthplace	Ohio
Maiden Name of Mother	Mary Foster
Her Birthplace	Ohio
Motor/Ship Remains To	
Size of Casket	Indpls - Cloth
Manufactured By	Indpls Casket Co.
Cemetery	Snow
Lot No.	
Grave No.	
Section No.	
Block No.	
Owner	

RECORD OF FUNERAL

No. 195 Yearly No. _____ Day of Month July
 Name of Deceased Sarah Alice Ford
 Married Single Widowed Divorced
 Residence Ceylon, Ind.
 Charge to _____
 Address _____
 Order given by _____
 How Secured _____
 If Veteran, State War _____
 Occupation Housewife
 Employer and Address _____
 Date of Death July 8, 1954 1:30 P.M.
 Date of Birth Nov. 11, 1857
 Age 94
 Date of Funeral July 11, 1954 2:00 P.M.
 Services at Hardy Seal Home
 Clergyman Roger Lautzenheiser
 Religion of the Deceased Methodist
 Birthplace Living Co. Ind.
 Resided in the State _____
 Place of Death Decatur, Miss.
 Cause of Death Cardiac Failure
 Contributory Causes Hemorrhaging
 Certifying Physician Dr. J. B. Schuyler
 His Address _____
 Name of Father Andrew Jackson Ford
 His Birthplace Ohio
 Maiden Name of Mother Mary Foster
 Her Birthplace Ohio
 Motor Ship } Remains to _____
 Size of Casket Super-Club
 Manufactured by Super-Casket Co.
 Cemetery } Summit
 Crematory }

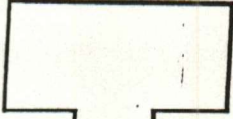


Diagram of Lot or Vault

Lot No. _____
 Grave No. _____
 Section No. _____
 Block No. _____
 Owner 4650

Name of Deceased _____
 Day of Month _____
 Address _____
 Order given by _____
 How Secured _____
 If Veteran, State War _____
 Occupation _____
 Employer and Address _____
 Date of Death _____
 Date of Birth _____
 Age _____
 Date of Funeral _____
 Services at _____
 Clergyman _____
 Religion of the Deceased _____
 Birthplace _____
 Resided in the State _____
 Place of Death _____
 Cause of Death _____
 Contributory Causes _____
 Certifying Physician _____
 His Address _____
 Name of Father _____
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____
 Motor Ship } Remains to _____
 Size of Casket _____
 Manufactured by _____
 Cemetery } _____
 Crematory }