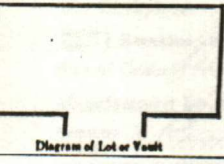


Hardy & Hardy Funeral Home Record	
Name of Deceased	Brenda Jo Sprunger
Date of Entry	
Page Number	Page 288
Marital Status	Single
Residence	
Charge To	
Address	
Order Given By	
Spouse	
If Veteran, State War	
Occupation	
Social Security No.	
Employer and Address	
Date of Death	July 29, 1955; 11:00 p.m
Date of Birth	July 29, 1955
Age	
Date of Funeral	July 31, 1955; Sunday; 5:00 p.m.
Services At	Hardy Funeral Home
Clergyman	Rev. A. B. McKain - Geneva
Religion of the Deceased	
Birthplace	Decatur, Indiana
Resided in the State	
Place of Death	Adams County Hospital
Cause of Death	Intracranial hemorrhage
Contributory Cause	Fractured skull during labor;
Certifying Physician	Dr. Boze
His Address	Berne, Indiana
Name of Father	Berwyn Sprunger
His Birthplace	
Maiden Name of Mother	Patricia Schlag??
Her Birthplace	Geneva, Indiana
Motor/Ship Remains To	
Size of Casket	
Manufactured By	
Cemetery	West Lawn
Note	
Grave No.	
Section No.	
Block No.	
Owner	

# RECORD OF FUNERALS

Total No. 288 Yearly No. \_\_\_\_\_  
 Name of Deceased Brenda De Spangola  
 Married  Single  Widowed  Divorced  
 Residence: \_\_\_\_\_  
 Charge to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Order given by: \_\_\_\_\_  
 How Secured: \_\_\_\_\_  
 If Veteran, State War: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer and Address: \_\_\_\_\_  
 Date of Death July 29, 1953 11:21 AM  
 Date of Birth July 29, 1953  
 Age: \_\_\_\_\_  
 Date of Funeral July 31, 1953 5:00 PM  
 Services at Hardy Funeral Home  
 Clergyman Rev. A. J. McKeon  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Secatur, Ind.  
 Resided in the State \_\_\_\_\_  
 Place of Death Adams Co. Hospital  
 Cause of Death Auto Accident  
 Contributory Causes Fractured Skull  
During Labor; Hypercalcemia  
 Certifying Physician Dr. B. J. Bize  
 His Address Begonia, Ind.  
 Name of Father Berwyn Spangola  
 His Birthplace \_\_\_\_\_  
 Maiden Name of Mother Patricia Schlegel  
 Her Birthplace Secatur, Ind.  
 Remains to \_\_\_\_\_  
 Size of Casket \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Cemetery \_\_\_\_\_

Total No. 287  
 Name of Deceased \_\_\_\_\_  
 Married  
 Residence: \_\_\_\_\_  
 Charge to: \_\_\_\_\_  
 How Secured: \_\_\_\_\_  
 If Veteran, State War: \_\_\_\_\_  
 Occupation Farmer  
 Employer and Address \_\_\_\_\_  
 Date of Death July 29  
 Date of Birth July 2  
 Age 70  
 Date of Funeral 7-31-53  
 Services at St. Cajetan  
 Clergyman Rev. Laue  
 Religion of the Deceased \_\_\_\_\_  
 Birthplace Adams Co.  
 Resided in the State \_\_\_\_\_  
 Place of Death St. Cajetan  
 Cause of Death Auto  
 Contributory Causes Red U.  
Pulmonary  
 Certifying Physician \_\_\_\_\_  
 His Address Secatur  
 Name of Father Edwin  
 His Birthplace Frederic  
 Maiden Name of Mother \_\_\_\_\_  
 Her Birthplace Randolph  
 Remains to \_\_\_\_\_  
 Size of Casket 6 Steel  
 Manufactured by \_\_\_\_\_  
 Cemetery Secatur



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Owner \_\_\_\_\_

00631  
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