

Hardy & Hardy Funeral Home  
Record

Name of Deceased	Alice Celia Wells
Page Number	Page 83
Marital Status	Widowed
Residence	Geneva, Ind.
Charge To	(blank)
Address	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	Housewife
Social Security No.	(blank)
Employer and Address	(blank)
Date of Death	November 12, 1948; 9:20 A.M.
Date of Birth	January 4, 1869
Age	69 Years; 10 Months; 8 Days
Date of Funeral	November 14, 1948; Sunday; 2:00 P.M.
Services At	Methodist Church
Clergyman	Rev. Clayton Steele
Religion of the Deceased	Methodist
Birthplace	Wabash Twp., Ind.
Resided in the State	(blank)
Place of Death	Geneva, Ind.
Cause of Death	Cardiac Failure
Contributory Cause	Metastasis thru out the body; cancer of ovaries
Certifying Physician	Joseph V. Schetgen
His Address	Geneva, Ind.
Name of Father	Cornelius John Addington
His Birthplace	Wayne County, Indiana
Maiden Name of Mother	Mary Walker
Her Birthplace	Missouri
Motor/Ship Remains To	(blank)
Size of Casket	(blank)
Manufactured By	(blank)
Cemetery	Riverside
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

# RECORD OF FUN

Yearly No. *Pg 83* Date of Burial *Pg 1*  
 Name of Deceased *Alice Celea Wells*  
 Married  Single  Widowed  Divorced  Husband Deceased  
 Residence *Geneva, Ind.*  
 Charge to.....  
 Address.....  
 Order given by.....  
 How Secured.....  
 If Veteran, State War.....  
 Occupation *Housewife* (Social Security Number).....  
 Employer and Address.....  
 Date of Death *Nov. 13, 1948* 9:20 P (Date) (Hour)  
 Date of Birth *January 4, 1869* 10 8 (Year) (Month) (Day)  
 Age.....  
 Date of Funeral *11/14/48 Sun. 2:00 P* (Date) (Day of Week) (Hour)  
 Services at *Mechanist Church*  
 Clergyman *Rev. Clayton Steele* (Address)  
 Religion of the Deceased *Methodist*  
 Birthplace *Wabash Ind.*  
 Resided in the State.....  
 Place of Death *Geneva, Ind.* (or U. S. or City or Country) (Year) (Month)  
 Cause of Death *Cardiac Failure*  
 Contributory Causes *Metastasis thru*  
*cut. the body Camp. 9 Army*  
 Certifying Physician *Joseph V. Schetgen* (in Care of)  
 His Address *Geneva, Indiana*  
 Name of Father *John Addington*  
 His Birthplace *Wayne Co. Indiana*  
 Maiden Name of Mother *Mary Walker*  
 Her Birthplace *Massena*  
 Motor } Remains to.....  
 Ship }  
 Size of Casket..... (State Color and Number)  
 Manufactured by.....  
 Cemetery } *Riverside*  
 Crematory }  
 Lot No.....  
 Grave No.....  
 Section No.....  
 Block No.....  
 Owner.....

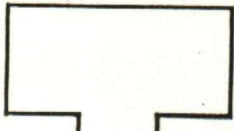


Diagram of Lot or Vault

Name of Deceased *Pg 1*  
 Residence.....  
 Charge to.....  
 Address.....  
 Order given by.....  
 How Secured.....  
 If Veteran, State.....  
 Occupation *N*  
 Employer and A.....  
 Date of Death.....  
 Date of Birth.....  
 Age.....  
 Date of Funeral.....  
 Services at *W*  
 Clergyman.....  
 Religion of the D.....  
 Birthplace *P*  
 Resided in the S.....  
 Place of Death.....  
 Cause of Death.....  
 Contributory Ca.....  
 Certifying Physic.....  
 His Address.....  
 Name of Father.....  
 His Birthplace.....  
 Maiden Name of.....  
 Her Birthplace.....  
 Motor } Remains to.....  
 Ship }  
 Size of Casket.....  
 Manufactured by.....  
 Cemetery } *G*  
 Crematory }