

Hardy & Hardy Funeral Home Record	
Name of Deceased	Clarinda (Clarabelle) Wendel
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Marital Status	Married
Residence	Geneva, Indiana Rt. 2
Charge To	John Wendel
Address	Geneva, Indiana Rt. 2
Spouse	John Wendel
How Secured	
If Veteran, State War	
Occupation	Housewife
Social Security No.	
Employer and Address	
Date of Death	Feb. 23, 1951; 4:00 a.m.
Date of Birth	Sept. 22, 1874
Age	76 years
Date of Funeral	Feb. 25, 1951; Sunday; 2:00 p.m.
Services At	Mt. Carmel Church
Clergyman	Rev. Chas. ??
Religion of the Deceased	
Birthplace	Jay County, Indiana
Resided in the State	
Place of Death	Decatur Hospital
Cause of Death	Cerebral Embolism
Contributory Cause	Cancer right breast; Myocarditis
Certifying Physician	Dr. Rayl
His Address	Decatur, Indiana
Name of Father	Henry Snyder
His Birthplace	
Maiden Name of Mother	Mary Ann Cromak
Her Birthplace	
Motor/Ship Remains To	
Size of Casket	Oak
Manufactured By	Bayestown Casket
Cemetery	Riverside
Lot No.	
Grave No.	
Section No.	
Block No.	
Owner	

Name of Deceased Alvin (Charles) Wendel
 General Male Female Deceased
 Residence: Genese, Ind. R. 2
 Charge to: John Wendel
 Address: Genese, Ind. R. 2
 (The State)
 If Veteran, State War _____
 Occupation: Housewife (Social Security Number) _____
 Employer and Address _____
 Date of Death: Feb 22, 1951 (Date) 4:40 P.M. (Hour)
 Date of Birth: Sept 22, 1874
 Age: 76 (Years) (Months) (Days) (Hours) (Minutes) (Seconds)
 Date of Funeral: Feb 25, 1951 (Date) 2:00 P.M. (Hour) (Minutes)
 Services at: St. Columba Church
 Clergyman: Rev. Chas. Zyl (Address) _____
 Religion of the Deceased _____
 Birthplace: Jay Co. Indiana
 Resided in the State: _____ (Year) (Month)
 Place of Death: Deaconess Hospital
 Cause of Death: Cerebral Embolism
 Contributory Cause: Cancer Right Breast
 Certifying Physician: Dr. R. H. ...
 His Address: Deaconess Hospital
 Name of Father: Henry Snyder
 His Birthplace: _____
 Maiden Name of Mother: Mary Ann ...
 Her Birthplace: _____
 Sex of Child: Male (Female)
 Size of Child: _____
 Manufactured by: Raymond ...
 Curative (Curatives): Riverside



Lot No. _____
 Grave No. _____
 Section No. _____
 Block No. _____
 Other _____