

Hardy & Hardy Funeral Home Record

Name of Deceased	James I. Wheeler
Page Number	Page 237
Marital Status	Married
Residence	Geneva, Indiana
Charge To	
Address	
Order Given By	
Spouse	
If Veteran, State War	
Occupation	Laborer
Social Security No.	
Employer and Address	
Date of Death	Nov. 1, 1953; 11:30 p.m.
Date of Birth	April 14, 1897
Age	56 years; 6 months
Date of Funeral	Nov. 4, 1953; Wednesday; 2:00 p.m.
Services At	Hardy Funeral Home
Clergyman	Rev. Verdean Ouras
Religion of the Deceased	
Birthplace	Geneva, Indiana
Resided in the State	
Place of Death	At home
Cause of Death	Bronical Asthma
Contributory Cause	Emphysema
Certifying Physician	Dr. J. V. Schetgen
His Address	Geneva, Indiana
Name of Father	Manuel Wheeler
His Birthplace	
Maiden Name of Mother	Margaret Johnston
Her Birthplace	
Motor/Ship Remains To	
Size of Casket	Franklin Mfg.
Manufactured By	Plush
Cemetery	West Lawn
Lot No.	
Grave No.	
Section No.	
Block No.	
Owner	

RECORD OF FUNERAL

Total No. 237 Yearly No. 1 Date of Entry Mad. 1, 1953
 Name of Deceased James I. Wheeler White
 Married Single Widowed Divorced Bernice (What Race)
 Residence: Geneva, Ind. Husband Wife Other Years
 Charge to: _____
 Address: _____
 Order given by: _____
 How Secured: _____
 If Veteran, State War _____
 Occupation Labeler (Social Security Number) _____
 Employer and Address _____
 Date of Death Mar. 1, 1953 (Date) 11:30 P.M. (Hour)
 Date of Birth Mar. 14, 1897 (Date) _____
 Age 56 (Years) 6 (Months) 2 (Days)

Date of Funeral Mar. 4, 1953 (Date) Wed. (Day of Week) 2:00 P.M. (Hour)
 Services at Hardy Funeral Home (Address)
 Clergyman Rev. William Urban (Address)
 Religion of the Deceased _____
 Birthplace Geneva, Ind.
 Resided in the State _____
 Place of Death At Home (or U.S. or City or County) (State) (Year) (Month)
 Cause of Death Bronchial Asthma
 Contributory Causes Emphysema
 Certifying Physician Dr. J. H. Shelton (or Coroner)
 His Address Geneva, Ind.
 Name of Father Marshall Wheeler
 His Birthplace _____
 Maiden Name of Mother Margaret Johnston
 Her Birthplace _____
 Motor Ship } Remains to _____
 Size of Casket Franklin Coffin (State, Size and Number)
 Manufactured by Phyllis (Address)
 Cemetery (Crematory) West Lawn

Total No. 238 Yearly No. _____
 Name of Deceased Joseph J. Albert
 Married Single Widowed Divorced
 Residence: _____
 Charge to: _____
 Address: _____
 Order given by: _____
 How Secured: _____
 If Veteran, State War _____
 Occupation Farmer (Social Security Number) _____
 Employer and Address _____
 Date of Death Mar. 18, 1953 (Date) 6:00 P.M. (Hour)
 Date of Birth July 15, 1863 (Date) _____
 Age 90 (Years) _____
 Date of Funeral Mar. 21, 1953 (Date) Wed. (Day of Week) 2:00 P.M. (Hour)
 Services at Hardy Funeral Home (Address)
 Clergyman Rev. Wm. W. Outenburger (Address)
 Religion of the Deceased _____
 Birthplace Adams Co. Ind.
 Resided in the State _____
 Place of Death At Home (or U.S. or City or County) (Year) (Month)
 Cause of Death Chronic Bronchitis
 Contributory Causes Arteriosclerotic incident to advanced age
 Certifying Physician Dr. W. H. Stambaugh (or Coroner)
 His Address Camden, Ind.
 Name of Father Henry Albertson
 His Birthplace _____
 Maiden Name of Mother Rachel
 Her Birthplace _____
 Motor Ship } Remains to _____
 Size of Casket Opportune by S. S. Luther (State, Size and Number)
 Manufactured by _____
 Cemetery (Crematory) Albertson

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