

Hardy & Hardy Funeral Home Record

Name of Deceased	Margaret Wickelman
Date of Entry	January 24, 1955
Page Number	Page 271
Marital Status	Married
Residence	Bryant, Indiana R.R.
Charge To	
Address	
Order Given By	
Spouse	Clem
If Veteran, State War	
Occupation	Housewife
Social Security No.	
Employer and Address	
Date of Death	January 24, 1955; 8:45 p.m.
Date of Birth	March 31, 1874
Age	80 years; 9 months; 24 days
Date of Funeral	January 27, 1955; Thursday; 9:30 a.m.
Services At	Trinity Catholic Church
Clergyman	Rev. Edward Eucker
Religion of the Deceased	Catholic
Birthplace	Jay County, Indiana
Resided in the State	
Place of Death	At home
Cause of Death	Myocarditis; chronic
Contributory Cause	
Certifying Physician	Dr. John W. Halfrich
His Address	Coldwater, Ohio
Name of Father	Laurence Willhoff
His Birthplace	
Maiden Name of Mother	
Her Birthplace	
Motor/Ship Remains To	
Size of Casket	Solid Cherry
Manufactured By	Crane & Band
Cemetery	Trinity Catholic
Note	
Grave No.	
Section No.	
Block No.	
Owner	

RECORD OF FUNERAL

Order No. 271 Family No. _____ Date of Entry Jan 24 1955
 Name of Deceased Margaret Nicklmaier White

Residence: Bryant Rd RR Rural Sub Home Other (What Kind)
 Charge to: _____

Address: _____ No. 271 Family No. _____
 Name of Deceased Eve Jones Kell

Order given by: _____ Rural Sub Home Other (What Kind)
 Residence: Berens, S.D.

How Secured: _____
 If Veteran, State War _____

Occupation: Housewife Social Security Number _____
 Address: _____

Employer and Address: _____
 Order given by: _____ (or Informant)

Date of Death: Jan 24, 1955 8:45 P
 How Secured: _____

Date of Birth: March 31, 1874
 If Veteran, State War _____

Age: 80 9 24
 Occupation: _____ (Social Security Number)

Date of Funeral: 1/27/55 Thurs 9:30 A
 Employer and Address: _____

Services at: St. Mary's Catholic Church
 Date of Death: Jan. 25, 1955 (Date) (Hour)

Clergyman: Rev. Edward C. Calkins
 Date of Birth: Jan. 10, 1880 (Date) (Hour)

Religion of the Deceased: Catholic
 Age: 1/21/11 (Year) (Month) (Days)

Birthplace: Jay Co. Ind.
 Date of Funeral: 1/27/55 (Date) (Day of Week) (Hour)

Resided in the State: _____
 Services at: St. Mary's Catholic Church

Place of Death: At Home
 Cause of Death: Myocarditis, chronic

Cause of Death: _____
 Religion of the Deceased: Catholic

Contributory Causes: _____
 Birthplace: Berens, S.D.

Resided in the State: _____ (U. S. or City or County) (Year) (Month)

Certifying Physician: Dr. John H. Hillrich
 Place of Death: Jay Co. Hospital

His Address: 113 W. So. Chestnut, Berens
 Cause of Death: Edema of lungs

Name of Father: Laurent Hillrich
 Contributory Causes: (Chest) + acute

His Birthplace: _____
 Certifying Physician: D. M. Moran (or Other)

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

How Secured: _____
 Name of Deceased: _____
 Residence: _____
 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: _____
 How Secured: _____
 Name of Deceased: _____
 Residence: _____
 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: _____
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 Her Birthplace: _____
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 Age: _____
 Date of Funeral: _____
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 Clergyman: _____
 Religion of the Deceased: _____
 Birthplace: _____
 Resided in the State: _____
 Place of Death: _____
 Cause of Death: _____
 Contributory Causes: _____
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 His Address: _____
 Name of Father: _____
 His Birthplace: _____
 Maiden Name of Mother: _____
 Her Birthplace: _____