

	Hardy & Hardy Funeral Home Record
Name of Deceased	Charles H. Windmiller
Page Number	Page 145
Marital Status	Widowed
Residence	Linn Grove
Charge To	
Address	
Spouse	
How Secured	
If Veteran, State War	
Occupation	Retired Farmer
Social Security No.	
Employer and Address	
Date of Death	Nov. 24, 1950; 11:25 a.m.
Date of Birth	Oct. 15, 1866
Age	84 years; 1 month
Date of Funeral	Nov. 26, 1950; Sunday; 2:00 p.m.
Services At	Hardy Funeral Home
Clergyman	Rev. ? Eicher
Religion of the Deceased	
Birthplace	Lawrenceburg, Ind.
Resided in the State	
Place of Death	At home
Cause of Death	Bronchial pneumonia
Contributory Cause	Hypertension
Certifying Physician	Dr. D. D. Jones
His Address	Berne, Ind.
Name of Father	August Windmiller
His Birthplace	
Maiden Name of Mother	Augusta Leffler
Her Birthplace	
Motor/Ship Remains To	
Size of Casket	Metal
Manufactured By	? Casket Co.
Cemetery	Green Lawn
Lot No.	
Grave No.	
Section No.	
Block No.	
Owner	

Form 145

Trinity No. \_\_\_\_\_

Name of Deceased

Charles H. Windmill

 Metal  Glass  Wood  Stone
Residence *2nd Grade*

Charge to \_\_\_\_\_

Address \_\_\_\_\_

Order given by \_\_\_\_\_

(Signature)

How Secured \_\_\_\_\_

If Veteran, State War \_\_\_\_\_

Occupation *Retired Farmer*

(Social Security Number)

Employer and Address \_\_\_\_\_

Date of Death *Nov 24, 1950**11:25 A*Date of Birth *Oct. 15, 1866*Age *84*Date of Funeral *11-26-50* Time *2:00 P*Services at *Woods Hill Home*Clergyman *Rev. Ben Eicher Bel*

Religion of the Deceased \_\_\_\_\_

Birthplace *Lebanon, Ind.*

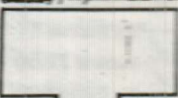
Resided in the State \_\_\_\_\_

Place of Death *At Home*Cause of Death *Bronchitis pneumonia*Contributory Cause *Hypertension*Certifying Physician *Dr. B. D. Green*His Address *Barre, Ind.*Name of Father *August Windmill*

His Birthplace \_\_\_\_\_

Maiden Name of Mother *Augusta Leffler*

Her Birthplace \_\_\_\_\_

Metal ) Remains to  
Ship ) \_\_\_\_\_Size of Casket *Medium*Manufactured by *Champion Casket Co.*Cemetery *Green Lawn*

Lot No. \_\_\_\_\_

Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Block No. \_\_\_\_\_

Casket \_\_\_\_\_