

Hardy & Hardy Funeral Home  
Record

Name of Deceased	Everett Woodruff
Page Number	Page 35
Marital Status	Widowed
Residence	R. R. Geneva
Charge To	(blank)
Address	(blank)
Order Given By	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	Farmer
Social Security Number	(blank)
Employer and Address	(blank)
Date of Death	September 07, 1947
Date of Birth	November 21, 1863
Age	84 Years; 9 Months; 16 Days September 8, 1947; Monday; 2:00 P.M.
Date of Funeral	
Services At	New Corydon Methodist
Clergyman	(blank)
Religion of the Deceased	Methodist
Birthplace	Jefferson Twp.
Resided in the State	(blank)
Place of Death	Jefferson Twp.
Cause of Death	Arteria Sclirobi
Contributory Cause	Heart Disease
Certifying Physician	Dr. C. P. Hinchman
His Address	Geneva, Ind.
Name of Father	Ebinezzer Woodruff
His Birthplace	Ohio
Maiden Name of Mother	Eleanor Elbertson
Her Birthplace	(blank)
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 FUNERAL

Pg 35

Yearly No. *11*

Name of Deceased *E. Everett Woodruff*

Married  Single  Widowed  Divorced

Residence *R. R. Geneva*

Charge to: .....

Address: .....

Order given by: .....

(or Informant)

How Secured: .....

If Veteran, State War *War*

Occupation *Farmer*

(Social Security Number)

Employer and Address: .....

Date of Death *9-7-47*

(Date) (Hour)

Date of Birth *November 21, 1863*

Age *84* *9* *16*

(Years) (Months) (Days)

Date of Funeral *9-8-47 Monday 7:00 P.*

(Date) (Day of Week) (Hour)

Services at *New Concord Methodist*

Clergyman: .....

Religion of the Deceased *Methodist*

Birthplace *Jefferson Twp.*

Resided in the State: .....

Place of Death *Jefferson Twp.*

(or U. S. or City or County) (Years) (Months)

Cause of Death *Arterio Sclerosis*

Contributory Causes *Heart Disease*

Certifying Physician *Dr. C. P. Kincaid*

His Address *Geneva, Indiana*

Name of Father *G. Benegzer Wadley*

His Birthplace *Ohio*

Maiden Name of Mother *Eleana Alberta*

Her Birthplace: .....

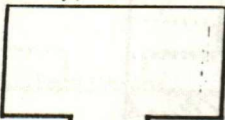
Motor Ship } Remains to: .....

Size of Casket: .....

Manufactured by: .....

Cemetery } *Riverside*

Crematory } .....



Lot No. ....

Grave No. ....

Section No. ....

Block No. ....

Owner: .....

Diagram of Lot or Vault

Name of Deceased

Residence

Charge to

Address

Order given by

How Secured

If Veteran, State

Occupation

Employer and

Date of Death

Date of Birth

Age

Date of Funeral

Services at

Clergyman

Religion of the

Birthplace

Resided in the

Place of Death

Cause of Death

Contributory Causes

Certifying Physician

His Address

Name of Father

His Birthplace

Maiden Name of

Her Birthplace

Motor Ship } Remains to

Size of Casket

Manufactured by

Cemetery } .....

Crematory } .....