

## Hardy & Hardy Funeral Home Record

Name of Deceased	Robert Samuel Barr
Total No.	Record 13
Marital Status	Single
Residence	Geneva, Indiana
Charge To	County
Address	Decatur, Indiana
Order Given By	(blank)
How Secured	(blank)
If Veteran, State War	(blank)
Occupation	Timber Cutter
Employer and Address	(blank)
Date of Death	February 10, 1947 - 8:30 A.M.
Date of Birth	September 16, 1861
Age	85 Years, 4 Months
	February 12, 1947 - Wednesday - 2 P.M.
Date of Funeral	
Services At	Hardy and Hardy Home
Clergyman	Rev. J. H. Richardson
Religion of the Deceased	Methodist
Birthplace	Delaware County, Ohio
Resided in the State	(blank)
Place of Death	County Infirmary
Cause of Death	(blank)
Contributory Cause	(blank)
Certifying Physician	(blank)
His Address	(blank)
Name of Father	John H. Barr
His Birthplace	Virginia
Maiden Name of Mother	Anna Robertson
Her Birthplace	Virginia
Motor/Ship Remains To	(blank)
Size of Casket	(blank)
Manufactured By	(blank)
Cemetery	Crawford
Lot No.	(blank)
Grave No.	(blank)
Section No.	(blank)
Block No.	(blank)
Owner	(blank)

# RECORD OF FUNERAL

Total No. 13 Yearly No. ....

Name of Deceased Robert, Samuel Barr

Residence Geneva, Ind.

Charge to Guaranty

Address Geneva, Ind.

Order given by .....

How Secured: .....

If Veteran, State War .....

Occupation Timber Cutter

Employer and Address .....

Date of Death Feb. 10, 1947

Date of Birth September 16, 1861

Age 85

Date of Funeral 2/12/47 Wed

Services at Trinity Episcopal Church

Clergyman Rev. J. H. Richardson

Religion of the Deceased Methodist

Birthplace Indiana Co., Ind.

Resided in the State .....

Place of Death Country Infirmary

Cause of Death .....

Contributory Causes .....

Certifying Physician .....

His Address .....

Name of Father John A. Barr

His Birthplace Virginia

Maiden Name of Mother Anna Robertson

Her Birthplace Virginia

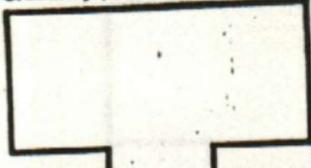
Motor } Remains to .....

Ship } .....

Size of Casket .....

Manufactured by .....

Cemetery } Crawford



Lot No. ....

Grave No. ....

Section No. ....

Block No. ....

Owner .....

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Total No. ....

Name of Deceased .....

Residence .....

Charge to Mrs. J. Barr

Address .....

Order given by .....

How Secured .....

If Veteran, State War .....

Occupation Farmer

Employer and Address .....

Date of Death Feb

Date of Birth Jan

Age 73

Date of Funeral 2/11

Services at Evangelical

Clergyman .....

Religion of the Deceased .....

Birthplace Mexico

Resided in the State .....

Place of Death Ind.

Cause of Death Ind.

Contributory Causes .....

Certifying Physician .....

His Address .....

Name of Father .....

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

Motor } Remains to .....

Ship } .....

Size of Casket .....

Manufactured by: .....

Cemetery } .....

Diagram of Lot or Vault