

	<b>Baird Funeral Home Records - 1946-1948</b>
Date of Entry	Year 1946
Name of Deceased	Nancy A. Axe
Marital Status	
Residence	E. Water St.
Husband/Wife/Widow	George Axe
Charge To	Mrs. Minnie Gilbert; Mrs. Eliza Mitchell; Mrs. Wesley Metzner
Address	
Order Given By	
How Secured	
If Veteran, State War	
Occupation	
Employer & Address	
Date of Death	May 21, 1946; 10:30 p.m.
Date of Birth	August 20, 1856
Age	89 years
Date of Funeral	May 24, 1946; 2 p.m.
Services At	Chapel
Clergyman	Edward McCance
Religion of Deceased	
Birthplace	Madison Tp.
Resided in State	
Place of Death	Jesse Tharp Res.
Cause of Death	
Contributory Causes	
Certifying Physician	Dr. Lyon
His Address	
Name of Father	Thos. Chamberlain
His Birthplace	Vermont
Maiden Name of Mother	Elizabeth Young
Her Birthplace	Va.
(Motor/Ship) Remains To	
Size of Casket	Metal 1/2
Manufactured By	Heim
Cemetery/Crematory	Spring Hill; Ft. Recovery
Lot No.	
Grave No.	
Section No.	
Block No.	
Owner	

Total No. .... Yearly No. 64 .... Date of Entry ..... 1946

Name of Deceased Nancy A. Ake .....  
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: E. Water St. .....  
☐ Husband ☐ Wife ☐ Widow of George Ake .....  
 of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Minnie Gilbert .....  
Eliza Mitchell .....  
 Address: .....  
 Order given by: Wesley Metzger .....  
 (or informant)

How Secured: .....  
 If Veteran, State War .....  
 Occupation .....  
 (Social Security Number)

Employer and Address .....  
 Date of Death: May 22 ..... 1030 P. ....  
 (Date) (Hour)

Date of Birth: Aug. 20 ..... 1856 .....  
 (Year) (Month) (Day)

Age: 89 .....  
 (Year) (Month) (Day)

Date of Funeral: May 24 ..... 7: M .....  
 (Date) (Day of Week) (Hour)

Services at: Chapel .....  
Edward Mc Cance .....  
 Clergyman: (Address)

Religion of the Deceased .....  
 Birthplace: Madison Mo .....  
 Resided in the State: .....  
 (or U. S. City or County) (Years) (Months)

Place of Death: Jersey Sharp Res. .....  
 Cause of Death: .....

Contributory Causes: .....  
Old Person .....  
 Certifying Physician: (or Coroner)

His Address: .....  
 Name of Father: Thos. Chamberlain .....  
 His Birthplace: Vermont .....  
 Maiden Name of Mother: Elizabeth Young .....  
 Her Birthplace: Va .....  
 Motor } Remains to .....  
 Ship }

Size of Casket: Metal 1/2 .....  
 (State Color and Number)

Manufactured by: Hain .....  
 Cemetery } Spring Hill H. Recovery .....  
 (Name)

Lot No. ....  
 Grave No. ....  
 Section No. ....  
 Block No. ....  
 (Number)