Date of Entry Name of Deceased J. Russell Fishback Marital Status Residence Albany Husband/Wife/Widow Charge To Address Order Given By How Secured If Veteran, State War Occupation Employer & Address Date of Death December 7, 1946; 3:30 p.m. Date of Birth April 26, 1893 Age 53 years Date of Funeral December 10, 1946; 10:30 a.m. Services At Rust Chapel (Albany) Clergyman Garth Shepherd Religion of Decased Birthplace Richland Township Resided in State Place of Death Contributory Causes Certifying Physician His Address Ridgeville Name of Father His Birthplace Maiden Name of Mother Her Birthplace (Motor/Ship) Remains To Size of Casket Ock No. Grave No. Section No. Block No. Owner		Baird Funeral Home Records - 1946-1948
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Maiden Name of Mother Her Birthplace (Motor/Ship) Remains To Size of Casket Oak 1/2 Manufactured By Lawson Cemetery/Crematory Black [Delaware Co] Lot No. Grave No. Section No. Block No. Owner	His Birthplace	
Her Birthplace (Motor/Ship) Remains To Size of Casket	Maiden Name of Mother	lda Wright
(Motor/Ship) Remains To Size of Casket	Her Birthplace	
Size of Casket  Manufactured By  Lawson  Cemetery/Crematory  Black [Delaware Co]  Lot No.  Grave No.  Section No.  Block No.  Owner		
Manufactured By Cemetery/Crematory Black [Delaware Co] Lot No. Grave No. Section No. Block No. Owner		Oak 1/2
Cemetery/Crematory  Lot No.  Grave No.  Section No.  Block No.  Owner		
Lot No. Grave No. Section No. Block No. Owner		
Grave No. Section No. Block No. Owner		[=
Section No. Block No. Owner		
Block No. Owner		
Owner		
	Diagram of Lot or Vault	

## RECORD OF FUNERAL

Total No	Date of Entry
Name of Deceased   Russell   Li	shback 313-12-47.4.8
Residence: albany	or
Charge to Ext	Cor
Address	Cas
Order given by(orinformant)	Bu
How Secured	En Ba
If Veteran, State War	Dr
Occupation (Social Security Number)	Su
Employer and Address	Sli Fc
Date of Death (Hour)	Ci
Date of Birth april 26 1.89	D F
Age 5. 3 (Neathe) (Days)	L
D	M. E
Services at. (Date) (Day of Week) (Alban	
Clergyman. Garth. Shapherd	T
Religion of the Deceased	Î
Birthplace Richland . Ho.	1
Resided in the State. (or U. S. or City or County) (Years) (Months	j i
Place of Death	the state of the s
Cause of Death	1
Cause of Deads.	
Contributory Causes.	
Certifying Physician.	County of the last
His Address Fingertee	And the same of th
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Her Birthplace	The state of the s
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Size of Casket Cast (State Color and Number)  Manufactured by	and the same of th
Manufactured by	
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Grave No	and the same of th
Section No	A Section of Principles of Pri