	Baird Funeral Home Records - 1946-1948
Date of Entry	Year 1948
Name of Deceased	Della Minniear
Marital Status	
Residence	Co. Home
Husband/Wife/Widow	
Charge To	Minnie Williams, Clara Hill, Chas Pentacost, Geo. Pentacost, Vern
Address	Pentacost
Order Given By	
How Secured	
If Veteran, State War	
Occupation	
Employer & Address	
Date of Death	August 19, 1948; 4 p.m.
Date of Birth	July 16, 1879
Age	69 years, 1 month, 3 days
Date of Funeral	August 22, 1948; 11 a.m.
Services At	Graveside
Clergyman	Noll
Religion of Deceased	
Birthplace	Probably near Richmond
Resided in State	
Place of Death	County Home
Cause of Death	
Contributory Causes	
Certifying Physician	
His Address	
Name of Father	James Pentacost
His Birthplace	
Maiden Name of Mother	
Her Birthplace	
(Motor/Ship) Remains To	
Size of Casket	
Manufactured By	
Cemetery/Crematory	Cut off; KK note: buried Mason Cem., Pennville, Indiana
Lot No.	
Grave No.	
Section No.	
Block No.	
Owner	
Diagram of Lot or Vault	
Note	

RECORD OF FUNERAL

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Total No.............. Yearly No. ___183___ Date of Entry ....19....

Name of Deceased.... Della Minnican
☐ Married ☐ Single ☐ Widowed ☐ Divorced   (What Race)

Residence: .... Co. Home .... No of Husband or Wife (if living)........Years

Charge to: .. Minnie Williams

Address.... Clara Hill

Order given by.. Chas Pentecost
.... geo. # (or statement)

How Secured: : Vern x

If Veteran, State War ....

Occupation .... (Social Security Number)

Employer and Address ....

Date of Death... aug. 19. 4 P
             (Date)   (Hour)

Date of Birth. July 16. 1879.

Age...... 69 ...... 1 3
       (Years)   (Months)   (Days)

Date of Funeral... aug. 22. 11 A M
           (Date) (Day of Week) (Hour)

Services at: : ...... graveside

Clergyman: : .... Nall
                      (Address)

Religion of the Deceased....................

Birthplace. probably near Richmond

Resided in the State....................
                  (or U.S. or City or County) (Years) (Months)

Place of Death...... County Home

Cause of Death: ....

Contributory Causes....................
....

Certifying Physician.................... (or Coroner)

His Address: : ....

Name of Father. James Pentecost

His Birthplace....................