	Baird Funeral Home Records - 1946-1948
Date of Entry	Year 1948
Name of Deceased	Anna Swhier
Marital Status	
Residence	West Water St.
Husband/Wife/Widow	W. Sherd Swhier; age 82 years
Charge To	
Address	Herschel Swhier; Bessie Scott
Order Given By	
How Secured	
If Veteran, State War	
Occupation	
Employer & Address	
Date of Death	May 12, 1948; 7 a.m.
Date of Birth	Feb. 20, 1873
Age	75 years
Date of Funeral	May 14, 1948; 2 p.m.
Services At	Residence
Clergyman	Habgood
Religion of Deceased	
Birthplace	Jefferson Tp.
Resided in State	
Place of Death	Residence
Cause of Death	
Contributory Causes	
Certifying Physician	Hammond
His Address	
Name of Father	John VanSkysck
His Birthplace	Indiana
Maiden Name of Mother	Paradine Morrical
Her Birthplace	Indiana
(Motor/Ship) Remains To	
Size of Casket	Zinc 1/2
Manufactured By	
Cemetery/Crematory	Cut off: Karin King note: buried Green Park Cem., Portland, Ind.
Lot No.	
Grave No.	
Section No.	
Block No.	
Owner	
Diagram of Lot or Vault	
Note	

RECORD OF FUNERAL

Total No.............. Yearly No... 44 .... Date of Entry............................... 19 42

Name of Deceased... Anna Swhier ....
☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: West Water St .... ☐ Husband ☐ Wife ☐ Widow } W. Sherd Swhier
or .... of (What Race) Age of Husband or Wife (if living) 82 Years

Charge to: ....

Address......... Herschel Swhier ....

Order given by... Bessie Scott ....
(or informant)

How Secured: : ....

If Veteran, State War ....

Occupation ....
(Social Security Number)

Employer and Address ....

Date of Death.... May 12 - 7 A.M.
(Date) (Hour)

Date of Birth.... Feb 20 1873
(Date)

Age......... 75 ....
(Years) (Months) (Days)

Date of Funeral.. May 14 2 M.
(Date) (Day of Week) (Hour)

Services at...... Residence ....

Clergyman: . Halgood ....
(Address)

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

Birthplace ...... Jefferson Tp. ....

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

Place of Death....... no ....

Cause of Death: ....

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

....

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

His Address: : ....

Name of Father... John Van Skysck ....

His Birthplace........ Ind ....

Maiden Name of Mother. Paradine Morrical

Her Birthplace........... Ind ....

Motor } Remains to ....
Ship

Size of Casket... Grise 1/2 ....