



Grave Card sent 5/6/46

Deceased Infant Maggie Madeline Beeler  
Date of Death 3/28/44  
Place of Death City Hospital  
Last Place of Residence \_\_\_\_\_

Birth Place Indianapolis, Ind.  
Date of Birth 3/22/44  
Age \_\_\_\_\_ Years \_\_\_\_\_ Months 6 Days \_\_\_\_\_ Hours \_\_\_\_\_  
Sex Female Color or Race Colored  
Single ☒ Married \_\_\_\_\_

Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Length of Residence U. S. Life  
State Life City Life

Usual Occupation \_\_\_\_\_

Industry or Business \_\_\_\_\_

Husband's Name \_\_\_\_\_ Age \_\_\_\_\_

Wife's Maiden Name \_\_\_\_\_ Age \_\_\_\_\_

Father's Name Dewey Beeler

Birth Place Kentucky

Mother's Maiden Name Virginia I. Crouthers

Birth Place Indiana

Social Security No. \_\_\_\_\_

If Veteran, what War \_\_\_\_\_

Cause of Death Prematurity

Physician Northa Crandall M.D. Address City Hospital

Informant Mr. Dewey Beeler

Address R.R. #6 Box 511 Indpls. Ind. moved

Date of Interment 3/30/44

Cemetery Wood Haven

Location Sec. C.

Lot 387

Grave No. 1

Ordered By \_\_\_\_\_

Address \_\_\_\_\_

Charged To \_\_\_\_\_

Address \_\_\_\_\_

Invoice Date \_\_\_\_\_

Estate Atty. \_\_\_\_\_

Address \_\_\_\_\_

CUSTOMER'S PAYMENT RECORD

22.00

DATE		AMOUNT PAID	BALANCE DUE
3/29/44	By Cash	16.00	6.00
4/8/44	" "	6.00	

**PAID**