APPLICATION FOR BURIAL PERMIT

No. 809 THE RISING SUN CEMETERY Rising Sun, Ind., 19____ Name of Deceased __Karen_Sue_Chase____ Place of Nativity Whitlatch Clinic, Milan, Ind. Date of Birth ____Aug. 26. 1957 Date of Decease __ Aug. 26, 1957 Age _____Stillborn Occupation _____ Single, Married or Widowed Late Residence Disease ____Uncertain elderly_____ Place of Death ____ Milan. Ind. Parents' Name _____Paul & Katherine Chase Size of Coffin or Box, Length ______In. Width_____Feet_____In. In whose Lot to be Interred _____ Lot I50 N.W. I/4 Sec.__ B No. Grave I Removed from ______ Name of Undertaker _______wood_box_____ Permit applied for by ______