All Permits will be issued by the Secretary, and must be paid for in advance. No burial allowed without a permit

APPLICATION FOR BURIAL PERMIT

THE	RISING	SUN	CEMETERY
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No. 890

Name of Decensed	Mabel	Rising Sun,	Ind.,		,	19
Name of Deceased						
Place of Nativity						
Date of Birth						
Date of Decease Age22	_April_	18 , 1931				
Occupation						
Single, Married or Widowed						
Late Residence						
Disease						
Place of Death						
Parents' Name						
Size of Coffin or Box, Length _						
In whose Lot to be Interred		Lot 88	Se	ecB	No. Grav	<u>e_3_</u>
Removed from						
Name of Undertaker	Ste	ele				
Permit applied for by						