APPLICATION FOR BURIAL PERMIT

No. 895 THE RISING SUN CEMETERY Rising Sun, Ind.,_____ 19___ Name of Deceased ______Niss Mattie C. Gochran Place of Nativity _____Ohio Co. Ind. Date of Birth ______Jan__4, 1900_____ Date of Decease _____June 13, 1961 ______ Age ______6I Occupation Bookkeeper Single, Married or Widowed _____Single_____ Late Residence _____Madison, Ind. Disease _____Coronary Thrombosis Place of Death _____Madison, Ind. Parents' Name ____John Cochran Size of Coffin or Box, Length _____Feet____In. Width____Feet____In. In whose Lot to be Interred ______Lat 38 _____ Sec. B _____ No. Grave 5 Removed from _____ Name of Undertaker _____ Detmer __cement box Permit applied for by _____