

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

No. 934

Rising Sun, Ind., \_\_\_\_\_, 19\_\_

Name of Deceased \_\_\_\_\_ Josephine Cole \_\_\_\_\_

Place of Nativity \_\_\_\_\_ Switzerland Co. Ind. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Oct. 20, 1862 \_\_\_\_\_

Date of Decease \_\_\_\_\_ Nov. 25, 1946 \_\_\_\_\_

Age \_\_\_\_\_ 84-1-5 \_\_\_\_\_

Occupation \_\_\_\_\_ Housekeeper \_\_\_\_\_

Single, Married or Widowed \_\_\_\_\_ Single \_\_\_\_\_

Late Residence \_\_\_\_\_ Fountaintown, Ind. \_\_\_\_\_

Disease \_\_\_\_\_ Uremia \_\_\_\_\_

Place of Death \_\_\_\_\_ Fountaintown, Nursing Home \_\_\_\_\_

Parents' Name \_\_\_\_\_ Mary Armstrong \_\_\_\_\_

Size of Coffin or Box, Length \_\_\_\_\_ Feet \_\_\_\_\_ In. Width \_\_\_\_\_ Feet \_\_\_\_\_ In.

In whose Lot to be Interred \_\_\_\_\_ Lot 169 \_\_\_\_\_ Sec. D \_\_\_\_\_ No. Grave 1 \_\_\_\_\_

Removed from \_\_\_\_\_

Name of Undertaker \_\_\_\_\_ Humphrey \_\_\_\_\_

Permit applied for by \_\_\_\_\_