APPLICATION FOR BURIAL PERMIT

THE RISING SUN CEMETERY

939

Rising Sun, Ind., 19____ 19___ Name of Deceased Barbara Ann Golen Place of Nativity Ohio Go. Ind. Date of Birth _____Iune 4, I942 Oct. **I3, I94**5 Date of Decease _____ -----Age _____3_yrs____ Occupation _____ Single, Married or Widowed Late Residence __Rising_Sun_Ind_____ Disease Cardioc failure Place of Death ____ Indianapolis, Ind. Parents' Name ____Ora & Goldie Bradley Golen Size of Coffin or Box, Length ______In. Width _____Feet____In. In whose Lot to be Interred _____ Lot ISI W.H. Sec. B ____ No. Grave I Removed from _____ Name of Undertaker _____Humphrey wood box_____ Permit applied for by ______