APPLICATION FOR BURIAL PERMIT

THE RISING SUN CEMETERY

Disease ______

Place of Death _____ Parents' Name ______

Size of Coffin or Box, Length _____Feet____In. Width____Feet____In. In whose Lot to be Interred _____ Lot I53 ___ Sec. A ____ No. Grave2

Name of Undertaker _____Steele

Removed from _____

Permit applied for by _____

	THE RISING SUN CEMETERY			No/	No./	
	I	Rising Sun, Ind.,			, 19	
Name of Deceased	Louella	Edrington				
Place of Nativity						
Date of Birth						
Date of Decease	3-13-1929					
Age65						
Occupation						
Single, Married or Widowed						
Late Residence						
Disease						

1414