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. 1660

Rising Sun, Ind., 12-20, 1969.

Name of Deceased MELINDA GALBREATH

Place of Nativity Dearborn Co. Hosp.

Date of Birth 12-20-1969

Date of Decease 12-20-1969

Age STILL BORN

Occupation None.

Single, Married or Widowed CHILD - Single

Late Residence None.

Disease STILLBORN

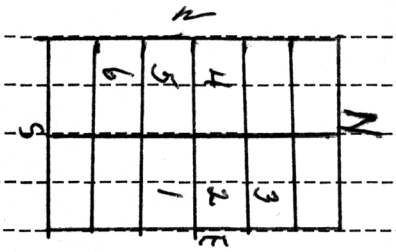
Place of Death DEARBORN CO. HOSPITAL (Matilda)

Parents' Name Ralph (SONNY) GALBREATH

Size of Coffin or Box, Length ____ Feet ____ In. Width ____ Feet ____ In.

In whose Lot to be Interred ROBERT GALBREATH Sec D-LOT 107 No. 6 GRAVE PLASTIC

Removed from

Name of Undertaker HUMPHREY & MCCLURE FUNERAL HOME

Permit applied for by ~~[illegible]~~ Ralph Galbreath Jr.