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. 1912

		T	Rising Sur	i, Ind.,_			,	19
Name of Deceased		Jonas	Marion I	iall 				
Place of Nativity								
Date of Birth								
Date of Decease		Jan.	13, 1927	<i>!</i>				
Age								
Occupation								
Single, Married or Wid	owed							
Late Residence								
Disease								
Place of Death								
Parents' Name								
Size of Coffin or Box, L	ength	F	'eet	_In.	Width		_Feet	In.
In whose Lot to be Inter	rred		Lot II	0	Sec ^I	<u>D</u>	_ No.grave	4
Removed from								
Name of Undertaker _								
Permit applied for by _								