

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. 1916

Name of Deceased _____ Rising Sun, Ind., _____, 19____
Dr. Wesley M. Hall

Place of Nativity _____ Switzerland Co., Ind. _____

Date of Birth _____ Dec. 15, 1880 _____

Date of Decease _____ May 13, 1966 _____

Age _____ 85 _____

Occupation _____ Physician _____

Single, Married or Widowed _____ Married _____

Late Residence _____ 407 Lincoln St. Rising Sun, Ind. _____

Disease _____ Pending _____

Place of Death _____ Deaconess Hospital Cin. Ohio _____

Parents' Name _____ Jonas Hall _____

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

In whose Lot to be Interred _____ Lot 110 _____ Sec. _____ D _____ No. _____ Grave 5 _____

Removed from _____

Name of Undertaker _____ Detmer _____ Airseal vault _____

Permit applied for by _____