

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. 2363

Rising Sun, Ind., _____, 19__

Name of Deceased _____ Samuel Kelley Jenkins _____

Place of Nativity _____ Ky. _____

Date of Birth _____ Aug. 3, 1880 _____

Date of Decease _____ Dec. 27, 1961 _____

Age _____ 81 _____

Occupation _____ Farmer _____

Single, Married or Widowed _____ Widowed _____

Late Residence _____ S. Mulberry St., Rising Sun, Ind. _____

Disease _____ Leukemia _____

Place of Death _____ Dearborn Co. Hospital _____

Parents' Name _____ Mr. & Mrs. Matthew Jenkins _____

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

In whose Lot to be Interred _____ Lot 21 N.W. 1/6 Sec. D, R. _____ No. Grave I _____

Removed from _____ _____

Name of Undertaker _____ McClure _____ Permacrete vault _____

Permit applied for by _____ _____