

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. 2374

Rising Sun, Ind., \_\_\_\_\_, 19\_\_

Name of Deceased \_\_\_\_\_ Joseph William Johnson \_\_\_\_\_

Place of Nativity \_\_\_\_\_ Ripley Co. Ind. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sept. 18, 1887 \_\_\_\_\_

Date of Decease \_\_\_\_\_ Dec. 24, 1962 \_\_\_\_\_

Age \_\_\_\_\_ 75-3-6 \_\_\_\_\_

Occupation \_\_\_\_\_ Retired Moulder \_\_\_\_\_

Single, Married or Widowed \_\_\_\_\_ Widowed \_\_\_\_\_

Late Residence \_\_\_\_\_ West Harrison, Ind. \_\_\_\_\_

Disease \_\_\_\_\_ Heart disease \_\_\_\_\_

Place of Death \_\_\_\_\_ Fayette Memorial Hospital Connersville, Ind. \_\_\_\_\_

Parents' Name \_\_\_\_\_ Joseph & Sarah Liggett Johnson \_\_\_\_\_

Size of Coffin or Box, Length \_\_\_\_\_ Feet \_\_\_\_\_ In. Width \_\_\_\_\_ Feet \_\_\_\_\_ In.

In whose Lot to be Interred \_\_\_\_\_ Lot 4 S.E. 1/4 \_\_\_\_\_ Sec. D.R. \_\_\_\_\_ No. Grave I \_\_\_\_\_

Removed from \_\_\_\_\_ \_\_\_\_\_

Name of Undertaker \_\_\_\_\_ Lutz \_\_\_\_\_ Airseal vault \_\_\_\_\_

Permit applied for by \_\_\_\_\_ \_\_\_\_\_