

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. 2379

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

Name of Deceased \_\_\_\_\_ Zada H Johnson \_\_\_\_\_

Place of Nativity \_\_\_\_\_ Switzerland, Co. Ind. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Feb. 9, 1887 \_\_\_\_\_

Date of Decease \_\_\_\_\_ July 11, 1960 \_\_\_\_\_

Age \_\_\_\_\_ 73-5-2 \_\_\_\_\_

Occupation \_\_\_\_\_ Practical Nurse \_\_\_\_\_

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

Late Residence \_\_\_\_\_ Harrison, Ohio \_\_\_\_\_

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

Place of Death \_\_\_\_\_ Connersville, Ind. \_\_\_\_\_

Parents' Name \_\_\_\_\_ Benjamin Meade \_\_\_\_\_

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 2 \_\_\_\_\_

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

Name of Undertaker \_\_\_\_\_ Lutz Permacrete vault \_\_\_\_\_

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