

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. 263

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

Name of Deceased \_\_\_\_\_ Susan James Baxter \_\_\_\_\_

Place of Nativity \_\_\_\_\_ Newman, Ill. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Jan. 29, 1886 \_\_\_\_\_

Date of Decease \_\_\_\_\_ May 30, 1958 \_\_\_\_\_

Age \_\_\_\_\_ 72 \_\_\_\_\_

Occupation \_\_\_\_\_ School teacher \_\_\_\_\_

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

Late Residence \_\_\_\_\_ S. Walnut St. Rising Sun, Ind. \_\_\_\_\_

Disease \_\_\_\_\_

Place of Death \_\_\_\_\_ Christ Hospital, Cin. O. \_\_\_\_\_

Parents' Name \_\_\_\_\_ Zachariah & Marjetta James \_\_\_\_\_

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

In whose Lot to be Interred \_\_\_\_\_ Lot 87 \_\_\_\_\_ Sec. A \_\_\_\_\_ No. Grave I \_\_\_\_\_

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

Name of Undertaker \_\_\_\_\_ Humphrey \_\_\_\_\_ Permacrete \_\_\_\_\_

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