

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. 2620

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

Name of Deceased \_\_\_\_\_ Thomas Eugene Kruse \_\_\_\_\_

Place of Nativity \_\_\_\_\_ Christ Hospital \_\_\_\_\_

Date of Birth \_\_\_\_\_ July 7, 1949 \_\_\_\_\_

Date of Decease \_\_\_\_\_ July 10, 1949 \_\_\_\_\_

Age \_\_\_\_\_ 3 days \_\_\_\_\_

Occupation \_\_\_\_\_

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

Late Residence \_\_\_\_\_

Disease \_\_\_\_\_

Place of Death \_\_\_\_\_ Christ Hospital \_\_\_\_\_

Parents' Name \_\_\_\_\_ William Kruse \_\_\_\_\_

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

In whose Lot to be Interred \_\_\_\_\_ Lot 153 E.H. Sec. B No. Grave I

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

Name of Undertaker \_\_\_\_\_ Humphrey wood box \_\_\_\_\_

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