

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. 463

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

Name of Deceased \_\_\_\_\_ James Clinton Bovard \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Nov. 1, 1874 \_\_\_\_\_

Date of Decease \_\_\_\_\_ Aug. 20, 1960 \_\_\_\_\_

Age \_\_\_\_\_ 85 \_\_\_\_\_

Occupation \_\_\_\_\_ Farmer \_\_\_\_\_

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

Late Residence \_\_\_\_\_ Front St. Rising Sun, Ind. \_\_\_\_\_

Disease \_\_\_\_\_ Arterio Sclerosis \_\_\_\_\_

Place of Death \_\_\_\_\_ Residence \_\_\_\_\_

Parents' Name \_\_\_\_\_ Robert & Sarah Higgenman Bovard \_\_\_\_\_

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

In whose Lot to be Interred \_\_\_\_\_ Single grave \_\_\_\_\_ Sec. B.B. \_\_\_\_\_ No. Grave 68

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

Name of Undertaker \_\_\_\_\_

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