

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. 469

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

Name of Deceased \_\_\_\_\_ Melia Bovard \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ July 26, 1876 \_\_\_\_\_

Date of Decease \_\_\_\_\_ Aug. 18, 1964 \_\_\_\_\_

Age \_\_\_\_\_ 88 \_\_\_\_\_

Occupation \_\_\_\_\_ Housekeeper \_\_\_\_\_

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

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

Disease \_\_\_\_\_ Ruptured aneurism \_\_\_\_\_

Place of Death \_\_\_\_\_ Dearborn Co. Hospital - Lawrenceburg, Ind. \_\_\_\_\_

Parents' Name \_\_\_\_\_ James & Mary Keith Webb \_\_\_\_\_

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

In whose Lot to be Interred \_\_\_\_\_ Single grave \_\_\_\_\_ Sec. Plat B. No. grave 8

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

Name of Undertaker \_\_\_\_\_ Detmer \_\_\_\_\_ cement vault \_\_\_\_\_

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