

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. 4962

Rising Sun, Ind., _____, 19__

Name of Deceased _____ Mabel Claire York _____
Place of Nativity _____ Rising Sun, Ind. _____
Date of Birth _____ Dec. 19, 1883 _____
Date of Decease _____ May 23, 1959 _____
Age _____ 75 _____
Occupation _____ Housekeeper _____
Single, Married or Widowed _____ Widowed _____
Late Residence _____ S. Walnut St. Rising Sun, Ind. _____
Disease _____ Coronary Thrombosis _____
Place of Death _____ Dearborn Co. Hospital _____
Parents' Name _____ William & Alice Abbie Merrill _____
Size of Coffin or Box, Length _____ Feet _____ In. Width _____ Feet _____ In.
In whose Lot to be Interred _____ Lot 21 E.C. 1/6 Sec. D.R. No. Grave 2 _____
Removed from _____
Name of Undertaker _____ Humphrey _____ Permacrete vault _____
Permit applied for by _____