APPLICATION FOR BURIAL PERMIT

THE RISING SUN CEMETERY

No. 5 45 Rising Sun, Ind., 19____ Name of Deceased Karl F. Bressert Place of Nativity Date of Birth _____ II-I9-I858 6-23-1905 Date of Decease Age _____47 Occupation _____ Single, Married or Widowed _____ Late Residence Disease _____ Place of Death Parents' Name Size of Coffin or Box, Length _____Feet____In. Width_____Feet____In. In whose Lot to be Interred __Block_7___Lot_I____ Sec._H_____ No._grave_2__ Removed from ______ Name of Undertaker Permit applied for by ______