APPLICATION FOR BURIAL PERMIT

THE RISING SUN CEMETERY

No 87 Rising Sun, Ind.,____, 19___, Rebecca Ashcraft Name of Deceased _____ Place of Nativity _____ Date of Birth _____ Date of Decease _____Aug. 18, 1939_____ Age ______80_____ 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 _____ Lot 108 W.H. Sec. B ____ No. Grave I ___ Removed from ______ Name of Undertaker _______Detmer____wood_box_____ Permit applied for by ______