APPLICATION FOR BURIAL PERMIT

THE RISING SUN CEMETERY

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	THE RISING SON CEMETER!	No
Name of Deceased	Rising Sun, Ind., Elizabeth Gibson	
Place of Nativity		
Date of Birth		
Date of Decease	Reinternment I-8-I920	
Age		
Single, Married or Widowed		
Late Residence		
Disease		
Place of Death		
Parents' Name		
Size of Coffin or Box, Length _	FeetIn. Width	FeetIn.
In whose Lot to be Interred	Lot I35	No
Removed from		
Name of Undertaker		
Permit applied for hy		