All Permits will be issued by the	Secretary, a	nd must be p	aid for in advance. No b	urial allowed without a permit
APPLICA	ΓΙΟΝ	FOR	BURIAL	
	THE R	ISING SUN	CEMETERY	No. 1715
		Rising Sur	n, Ind.,	, 19
Name of Deceased	John	<u>Gibson</u>		
Place of Nativity				
Date of Birth				
Date of Decease	Re	internmen	t I-8-1920	
Age				
Occupation				
Single, Married or Widowed _				
Lata Davidanaa				

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 I34	SecA	No	grave 3
Removed from		/35			
Name of Undertaker					
Permit applied for by					