APPLICATION FOR BURIAL PERMIT

No 2581 THE RISING SUN CEMETERY Rising Sun, Ind.,____, 19___ Name of Deceased ____Flora Klausing (Wortz) Place of Nativity Date of Birth _____ Date of Decease ____No date Age _____ 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 ______ Let 3 ___ Sec. G _____ No.grave 4 Removed from _____ Name of Undertaker Permit applied for by ______