APPLICATION FOR BURIAL PERMIT

THE RISING SUN CEMETERY

Place of Death __Dearborn Co. Hospital ______

Parents' Name ___Robert-&-Marie-Richardson-Stipe-----Size of Coffin or Box, Length _____Feet____In. Width____Feet____In. In whose Lot to be Interred _____ Sec.F _ row 3 No. grave 23

Removed from ______ Name of Undertaker _____ McClure cement box

Permit applied for by ______

Date of Decease _____

Rising Sun. Ind.,_____, 19___ Name of Deceased ______Hazel Pauline Lowe Place of Nativity ____Indiana_____ Date of Birth _____Feb. 14. 1921_____ Mar. 6, 1963 Age ______42 Occupation ___Housewife_____ Single, Married or Widowed ____Married_____ Late Residence _____R.I. Rising Sun, Ind. Disease _____Garcinoma_____

No. 2799