All Permits will be issued by the Secretary, and must be paid for in advance. No burial allowed without a permit

APPLICATION FOR BURIAL PERMIT

THE RISING SUN CEMETERY

No. 3019 Rising Sun, Ind.,_____, 19___ Ida May Mounts Name of Deceased Place of Nativity _____Ind. Date of Birth _____ Aug. I8, I882 Aug. 19. 1962 Date of Decease ____ -----Age _____80 Occupation -Retired-----Single, Married or Widowed _____Widowed Late Residence ____Stewart St. Aurora, Ind. Disease _____Pending autopsy Place of Death ____Dearborn-Go:-Haspital-----Parents' Name ____Arden & Melinda Heath_____ Size of Coffin or Box, Length _____Feet____In. Width____Feet____In. In whose Lot to be Interred _____Single_grave_____ Sec._ B.B.____ No._Grave_I8_ Removed from _____ Name of Undertaker _____Stier & Williams ----- Permacrete -----Permit applied for by _____