

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. 3089

Rising Sun, Ind., _____, 19__

Name of Deceased _____
Rose McFadden

Place of Nativity _____
Ky.

Date of Birth _____
July 26, 1927

Date of Decease _____
July 29, 1947

Age _____
20-yrs 3 days

Occupation _____
Housewife

Single, Married or Widowed _____
Married

Late Residence _____
Rising Sun, Ind.

Disease _____
Acute Myocarditis

Place of Death _____
Residence

Parents' Name _____
James & Sally Jones

Size of Coffin or Box, Length _____ Feet _____ In. Width _____ Feet _____ In.

In whose Lot to be Interred _____ Lot 168 W.H. Sec. B No. grave I

Removed from _____

Name of Undertaker _____

Permit applied for by _____