

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. 3642

Rising Sun, Ind., \_\_\_\_\_, 19\_\_\_\_

Name of Deceased \_\_\_\_\_ Joel Rice \_\_\_\_\_

Place of Nativity \_\_\_\_\_ Switzerland Co. Ind. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Aug. 21, 1877 \_\_\_\_\_

Date of Decease \_\_\_\_\_ Sept. 2, 1944 \_\_\_\_\_

Age \_\_\_\_\_ 67 \_\_\_\_\_

Occupation \_\_\_\_\_ Retired farmer \_\_\_\_\_

Single, Married or Widowed \_\_\_\_\_ Married \_\_\_\_\_

Late Residence \_\_\_\_\_ Aurora, Ind. \_\_\_\_\_

Disease \_\_\_\_\_ Cancer of spine & Back \_\_\_\_\_

Place of Death \_\_\_\_\_ Christ Hospital Cin. Ohio \_\_\_\_\_

Parents' Name \_\_\_\_\_ \_\_\_\_\_

Size of Coffin or Box, Length \_\_\_\_\_ Feet \_\_\_\_\_ In. Width \_\_\_\_\_ Feet \_\_\_\_\_ In.

In whose Lot to be Interred \_\_\_\_\_ Lot I 4 1/2 \_\_\_\_\_ Sec. C \_\_\_\_\_ No. Grave 3 \_\_\_\_\_

Removed from \_\_\_\_\_ \_\_\_\_\_

Name of Undertaker \_\_\_\_\_ Williams \_\_\_\_\_

Permit applied for by \_\_\_\_\_ \_\_\_\_\_