

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. 3643

Rising Sun, Ind., _____, 19__

Name of Deceased _____ Josephine A. Rice _____

Place of Nativity _____ Grant Co. Ky. _____

Date of Birth _____ Aug. 22, 1890 _____

Date of Decease _____ Jan. 24, 1950 _____

Age _____ 59 _____

Occupation _____ Housewife _____

Single, Married or Widowed _____ ~~Married~~ _____

Late Residence _____ Rising Sun, Ind. _____

Disease _____ Carcinoma _____

Place of Death _____ Rising Sun, Ind. _____

Parents' Name _____ Joseph West & Julia Hall West _____

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

In whose Lot to be Interred _____ I 69 E.H. _____ Sec. B No. Grave I _____

Removed from _____

Name of Undertaker _____ Humphrey wood box _____

Permit applied for by _____