

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. 3668

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

Name of Deceased \_\_\_\_\_ Samuel W. Richardson \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Dec. 6, 1896 \_\_\_\_\_

Date of Decease \_\_\_\_\_ Nov. 29, 1966 \_\_\_\_\_

Age \_\_\_\_\_ 69 \_\_\_\_\_

Occupation \_\_\_\_\_ Self employed \_\_\_\_\_

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

Late Residence \_\_\_\_\_ 4th St. Rising Sun, Ind. \_\_\_\_\_

Disease \_\_\_\_\_ Carcinoma of lungs \_\_\_\_\_

Place of Death \_\_\_\_\_ Bethesda Hospital Gin. O. \_\_\_\_\_

Parents' Name \_\_\_\_\_ ~~Mert & Empress Goodner~~ Richardson \_\_\_\_\_

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

In whose Lot to be Interred \_\_\_\_\_ Sec. ~~F~~ row ~~3~~ No. ~~grave 44~~ \_\_\_\_\_

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

Name of Undertaker \_\_\_\_\_ McClure \_\_\_\_\_ cement box \_\_\_\_\_

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