APPLICATION FOR BURIAL PERMIT

THE RISING SUN CEMETERY

No. 3828

	Rising Sun, Ind.,_			, 19
Name of DeceasedMrs. Soph	ia E. Scalf			
Place of NativityMadison, I	nd			
Date of BirthDecI3,_I				
Date of DeceaseOct. 22, I	955			
Age73				
OccupationHousekeeper				
Single, Married or WidowedWidow	<u>ed</u>			
Late ResidenceIndianapolis	, Ind.			
DiseaseCarcer of breast				
Place of DeathIndianapoli	s, Ind.			
Parents' NameDan. Sherlo	<u>ck</u>			
Size of Coffin or Box, Length	$_$ Feet $___$ In.	Width	Feet	In.
In whose Lot to be InterredSing	le grave row 2	Sec. Plat B	No	grave 50
Removed from				
Name of UndertakerDetme	rpe	rma c rete		
Permit applied for by				