APPLICATION FOR BURIAL PERMIT

THE RISING SUN CEMETERY

No. 3885

_	Rising	Sun,	Ind.,			, 19
Name of DeceasedLillaine	Schro	ler				
Place of Nativity					 	
Date of Birth					 	
Date of Decease					 	
AgeI_year					 	
Occupation					 	
Single, Married or Widowed					 	,
Late Residence					 	
Disease					 	
Place of Death					 	
Parents' Name					 	
Size of Coffin or Box, Length	.Feet]	n.	Width	 _Feet	In.
In whose Lot to be Interred		<u>Lot</u>	SI	_ Sec G	 No	grave 4
Removed from					 	
Name of Undertaker					 	
Permit applied for by					 	