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. 3910

Rising Sun, Ind.,_____, 19___

Name of Deceased _____ Geneva Scott _____

Place of Nativity _____ Indiana _____

Date of Birth _____ May 3, 1883 _____

Date of Decease _____ April 26, 1969 _____

Age _____ 85 _____

Occupation _____ Housekeeper _____

Single, Married or Widowed _____ Widowed _____

Late Residence _Ross Manor - Dillsboro, Ind _____

Disease _____ Pending Autopsy report _____

Place of Death _____ Dearborn Co. Hospital _____

Parents' Name _____ James Harris _____

Size of Coffin or Box, Length _____Feet_____In.   Width_____Feet_____In.

In whose Lot to be Interred _____ Lot 14 S.H. _____ Sec.____A_____ No. 8 _____

Removed from _____

Name of Undertaker _____ Detmer _____ Cement box _____

Permit applied for by _____