

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. 3936

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

Name of Deceased \_\_\_\_\_ Dr. Benjamin N. Searcy \_\_\_\_\_

Place of Nativity \_\_\_\_\_ Rising Sun, Ind. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Switzerland, Co. \_\_\_\_\_

Date of Decease \_\_\_\_\_ Mar. 6. 1944 \_\_\_\_\_

Age \_\_\_\_\_ 71 \_\_\_\_\_

Occupation \_\_\_\_\_ Dr. \_\_\_\_\_

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

Late Residence \_\_\_\_\_ Rising Sun, Ind. \_\_\_\_\_

Disease \_\_\_\_\_ Cerebral Hemorrhage \_\_\_\_\_

Place of Death \_\_\_\_\_ Christ Hospital Cin. \_\_\_\_\_

Parents' Name \_\_\_\_\_ Stephen & Rosanna Searcy \_\_\_\_\_

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

In whose Lot to be Interred \_\_\_\_\_ Lot 129 Sec. A No. Grave I

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

Name of Undertaker \_\_\_\_\_ Humphrey & Phillips \_\_\_\_\_ Mausoleum

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