

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. 4002

Rising Sun, Ind., _____, 19__

Name of Deceased _____ Thomas E. Shehane _____

Place of Nativity _____ Indiana _____

Date of Birth _____ Aug. 20, 1892 _____

Date of Decease _____ Jan. 18, 1959 _____

Age _____ 67 _____

Occupation _____

Single, Married or Widowed _____ Married _____

Late Residence _____ 239 Bodmann Ave. Cin. Ohio _____

Disease _____

Place of Death _____ General Hospital Cin. Ohio _____

Parents' Name _____ Charles & Naomi Ghandles Shehane _____

Size of Coffin or Box, Length _____ Feet _____ In. Width _____ Feet _____ In.

In whose Lot to be Interred _____ Lot 83 _____ Sec. B _____ No. grave I _____

Removed from _____

Name of Undertaker _____ Mack Johnson _____

Permit applied for by _____