APPLICATION FOR BURIAL PERMIT

THE RISING SUN CEMETERY No. 4083
Name of Deceased Curt Matthew 5mith.
Name of Deceased Curl Matthew 5 mith
Place of Nativity
Place of Nativity Date of Birth 3-20-89 Surgle Surgle
Date of Decease 8-25-89
Age 5 mo.
Occupation
Single, Married or Widowed
Late Residence 10751 Harrison Ave, Harrison Ohio
Disease
Place of Death PROVIDENCE AMBULATORY CENTER HARRSON Of
Place of Death PROVIDENCE Am Bulatory Center Hallison oh Parents' Name Tabbatha Smith
Size of Coffin or Box, LengthFeetIn. WidthFeetIn.
Size of Coffin or Box, Length Feet In. Width Feet In. In whose Lot to be Interred Curr M Smith Sec. G. W. F. No. Grave G
Removed from
Name of Undertaker HumfHRey-TayLor Boly Vault
Permit applied for by Fred a. TayLon Welfare