APPLICATION FOR BURIAL PERMIT

No. 4105 THE RISING SUN CEMETERY Rising Sun, Ind.,____, 19___, Name of Deceased __James_Warren_Smith______ Place of Nativity __Milan, Ind. Date of Birth ________ Date of Decease ____ Dec. 16, 1947 Age _____9 hours Occupation _____ Single, Married or Widowed ______ Late Residence Disease Respiratory arrest, intercranial Hemorrhage Place of Death - Milan, Ind. _____ Parents' Name _____Robert_Smith_____ Size of Coffin or Box, Length _____Feet____In. Width_____Feet____In. In whose Lot to be Interred _____Lot_23_N.H.___ Sec.A_____ No.grave_I___ Removed from ______ Name of Undertaker _______Detmer_____wood_box_____ Permit applied for by ______