

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. 4193

Rising Sun, Ind., _____, 19__

Name of Deceased _____ Kate Kelso Steele _____

Place of Nativity _____ Ohio Co. Ind. _____

Date of Birth _____ Feb. 8, 1872 _____

Date of Decease _____ Mar. 11, 1960 _____

Age _____ 88 _____

Occupation _____ Housekeeper _____

Single, Married or Widowed _____ Widowed _____

Late Residence _____ Rising Sun, Ind. _____

Disease _____ Heart disease _____

Place of Death _____ Conyer Nursing Home Milan, Ind. _____

Parents' Name _____ William Kelso _____

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

In whose Lot to be Interred _____ Lot 3 _____ Sec. B _____ No. Grave 4 _____

Removed from _____

Name of Undertaker _____ Detmer _____ Cement box _____

Permit applied for by _____