

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. 4652

Rising Sun, Ind., _____, 19__

Name of Deceased _____ Elmer Ellsworth Wallick _____

Place of Nativity _____ Switzerland Co. Ind. _____

Date of Birth _____ Jan. 28, 1890 _____

Date of Decease _____ Jan 26, 1958 _____

Age _____ 67 _____

Occupation _____ Carpenter & Farmer _____

Single, Married or Widowed _____ Widowed _____

Late Residence _____ Rising Sun, Ind. _____

Disease _____ Cerebral Hemorrhage _____

Place of Death _____ Bethesda Hospital Cin. O. _____

Parents' Name _____ Joseph & Margaret Mix Wallick _____

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

In whose Lot to be Interred _____ Single grave _____ Sec. Plat A _____ No. grave 6I

Removed from _____

Name of Undertaker _____ Humphrey _____

Permit applied for by _____