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. 4790

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			Ind.,					
Name of DeceasedB	ertha Wess	ler						
Place of Nativity				-				
Date of Birth								
Date of Decease					·			
Age35								
Occupation								
Single, Married or Widowed								
Late Residence								
Disease								
Place of Death								
Parents' Name								
Size of Coffin or Box, Length	Feet	I	n. Wie	dth		Feet_		_In.
In whose Lot to be Interred		Lot I	3 Se	ec	B 	No	Grave	5
Removed from								
Name of Undertaker	W	illiam						
Permit applied for by								