19/6

Date_ No.___ Judia Novelly Name of Deceased.... Charge to__ Order Given bu.... How Secured... Date of Funeral_____ Place of Death Sorne Funeral Services at Residue Time of Funeral Service Sun P. Clergyman / Lw Certifying Physician____ His Residence Number of Burial Certificate... Cause of Death Causes Date of Death //-/7 ccupation of the Deceased_____ Single or Married Widow Religion Evan Aged Years, Months. Body to be shipped to_____ Size and Style of Casket or Coffin 4-3 dee Manufactured by Access Metallic Lining Outside Box..... Number of Handles M. K. Interment at Lot or Grave No.____ Section No.

(Diagram of Lot.)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (A).

Designate place for Monument with a small square (a).

The space to the right of Discount for the names of those buried