## RECORD OF FUNERAL.

<b>-</b>	<u></u>
No. 46	1 0
Name of Deceased January	s Nouh Dr
Charge to	
Order Given by	
How Secured	VA-14-1
Date of Funeral	
Place of Death Jaron	rue T.P.
Funeral Services at	
Time of Funeral Service	
Clergyman	
Certifying Physician	
His Residence	
Number of Burial Certificate	
Cause of Death	
Date of Death	
Sccupation of the Deceased_	
Single or Married	Religion
Aged Years,	Months,Days.
Body to be shipped to	
Size and Style of Casket or Coffin	
***************************************	
Manufactured by	
Metallic Lining	
Outside Box	***************************************
Number of Handles	
Interment at	Cemetery.
Lot or Grave No	Section No.
	1
	2.
	3.
	4.
· -1	5.
·	6.
(Diagram of Lot.)	
Designate all Graves in Lot w	ith Numbers (1, 2, 3, 4, etc.), and cross (A).
Designate place for Monument with a small square (D).	