| Single Root Township, Adams County, Indiana | | |
|---|--|--|
| Root Township, Adams County, Indiana | | |
| | | |
| • | | |

| Husband/Wife Name | | | |
|---------------------|----------------------------|--|--|
| Father's Name | David Springer | | |
| Country of Birth | Adams County, Indiana | | |
| Mother's Name | | | |
| Country of Birth | | | |
| Physician | Dr. W. E. Smith | | |
| Cause of Death | Premature Birth | | |
| Ordered By | | | |
| Charge To | | | |
| When Rendered | Sept. 10, 1921 | | |
| Received on Account | Sept. 24; by cash; \$10.00 | | |

| Funeral of Sufant Symposium Date of Funeral | | | Hour M. |
|--|---|------------------------|--|
| Date of 1 diferal | | | 1 lour |
| Removing Remains | | | Date of Death Seft 10 1921 |
| Embalming | | TO THOUSE WHEEL | Place of Death Root TP aclarmo a Ind |
| Shaving and Laying Out | | | Place of Funeral. |
| Casket No. Spenal Colont Willel Size 20 (0.0) | 10 | 08 | Clergyman 11 Date of Burial Sept 11 1921 |
| Metal Inner Casket. Copper Zinc. | | | Where Interred. Ray comity |
| 그들은 사람이 되는 이 내가 되었다면 그리고 있는데 아이들이 되어 하면 그래에 되는 그래요? 그리고 있는데 얼마를 되지만 때 되었다. | | | Grave or Lot No. Section. |
| | | | Location of Grave |
| ining and Pillow Set No | | The state of | |
| Metal Lined Box | | | |
| | | THE RESERVE | |
| Mountings | Bearing and the | Apple 10 Townson or 10 | |
| 그 이 집에 되는 아들이 없는 데 그렇게 되었다면 얼마를 들어 먹는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이다. | | | Age |
| | | | Color Whit Occupation |
| Burial Robe | The second second | The same of the | Single, Married, Widow, Widower. |
| Tippers Prs Gloves Gloves | | 1000 | Birthplace Root TP adams a Ind |
| Doz. Chairs | | | |
| Personal Attandance and Assistants | STORY OF THE STORY | | Last place of residence !! " |
| raperyCandelabraCandles | | | How long resident of this State |
| Pedestals Rug | | | Husband's Name |
| Cash Expenditures. | | | Father's Name. Dana Shanning |
| | | | Country of Birth allectus Es Dud. |
| Door Dressing | | | Mother's Name |
| Palms | | | Country of Birth. |
| Flowers | | | Physician Dr. W. E. Smith |
| | | | Cause of Death Gremaline Birth |
| | | | |
| Porters andGloves | | | Ordered by |
| Funeral Notices | | | Charge to |
| | | | When rendered Seft 10-1921 |
| | | | RECEIVED ON ACCOUNT. |
| Clergyman | | | Sys. 2x By cusu - 1000 |
| Sexton | | | |
| Quartette, SoloistOrganist | | | |
| Delivering Box to | | | |
| Opening GraveLining | | | |
| Vault Charges | | | |
| Hearse | | | |
| Coaches. | | | 1,1 |
| Outoned | *************************************** | | (x) W |

Telegrams..... Telephone..... Transportation Expenses.....