

RECORD OF FUNERAL.

No. 23 Date May 8 1915

Name of Deceased Chester Leroy Morningside

Charge to John Morningside

Order Given by _____

How Secured _____

Date of Funeral May 10

Place of Death Early Lane

Funeral Services at Maple Grove

Time of Funeral Service 2 P.M.

Clergyman Rev. Kaley

Certifying Physician D. D. Jones

His Residence Benn

Number of Burial Certificate 26

Cause of Death Chronic Broncho Pneumonia

Date of Death May 8

Occupation of the Deceased _____

Single or Married _____ Religion _____

Aged _____ Years, _____ Months, _____ Days.

Body to be shipped to _____

Size and Style of Casket or Coffin Chestnut

Case

Manufactured by Batesville Co

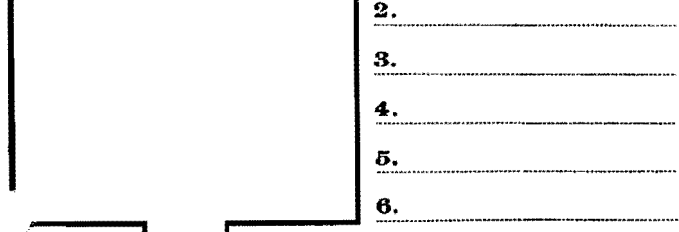
Metallic Lining _____

Outside Box Wood

Number of Handles _____

Interment at _____ Cemetery.

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 (X).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.