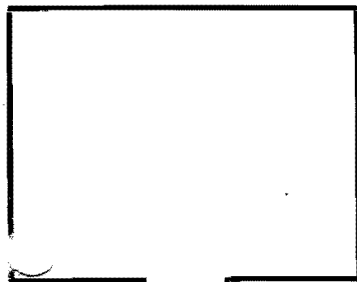


RECORD OF FUNERAL.

No. 35 Date Sept 5 1913
 Name of Deceased Barbara Stuckey
 Charge to Jan Stuckey
 Order Given by _____
 How Secured _____
 Date of Funeral Sept 5
 Place of Death Wabash Tps
 Funeral Services at Memorial Ch
 Time of Funeral Service 9:00 A.M.
 Clergyman Shroeder
 Certifying Physician Reusser
 His Residence Berne
 Number of Burial Certificate 37
 Cause of Death Old age
 Date of Death Sept 3
 Occupation of the Deceased _____
 Single Married _____ Religion Mission
 Aged 83 Years, 7 Months, _____ Days.
 Body to be shipped to _____
 Size and Style of Casket or Coffin 6-3
Octium Black
 Manufactured by C. C. Co.
 Metallic Lining _____
 Outside Box wood
 Number of Handles _____
 Interment at M. R. Co. Cemetery.
 Lot or Grave No. _____ Section No. _____



1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

(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.