

RECORD OF FUNERAL.

No. 17 Date 6-12 1944

Name of Deceased Samuel Lehman

Charge to Mrs " " " "

Order Given by Enoch " " " "

How Secured _____

Date of Funeral 6-13

Place of Death Berne

Funeral Services at Menonite Church

Time of Funeral Service 8:30 & 9:00

Clergyman Rev Schroeder

Certifying Physician Dr. Franz

His Residence Berne

Number of Burial Certificate _____

Cause of Death _____

Date of Death 6-10

Occupation of the Deceased _____

~~Single~~ or Married _____ Religion Mennon

Aged 73 Years, _____ Months, 1 Days.

Body to be shipped to _____

Size and Style of Casket or Coffin Half Couch

R. B. State

Manufactured by Lawfordville

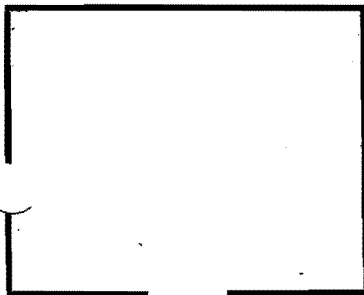
Metallic Lining _____

Outside Box Concut Vault

Number of Handles Ex Ebony

Interment at M. P. E. 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).