

RECORD OF FUNERAL.

No. 33

Date Oct 5th 1914

Name of Deceased Barbra Waggoner

Charge to Leon

Order Given by _____

How Secured _____

Date of Funeral Oct 8

Place of Death Berne

Funeral Services at Methodist

Time of Funeral Service 9 9 am

Clergyman R. D. Schaub

Certifying Physician Reiser

His Residence Cornel

Number of Burial Certificate 35

Cause of Death Dropsy

Date of Death Oct 5

Occupation of the Deceased House Wife

Single or Married Widow Religion _____

Aged 62 Years, _____ Months, _____ Days.

Body to be shipped to _____

Size and Style of Casket or Coffin 1/2 Couch

Plush Silver Grey lining

Manufactured by C. C. Co

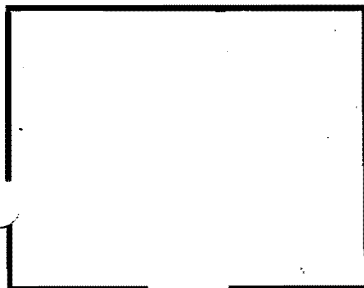
Metallic Lining _____

Outside Box wood

Number of Handles expensive

Interment at M R 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).

Designate place for Monument with a small square (m)