

RECORD OF FUNERAL.

No. 7 Date 1-30 1915

Name of Deceased Mary Hill

Charge to Peter

Order Given by "

How Secured _____

Date of Funeral 1-30

Place of Death French Township

Funeral Services at Home

Time of Funeral Service 9:00

Clergyman Rev Shrover

Certifying Physician Dr. Jones

His Residence Berne

Number of Burial Certificate _____

Cause of Death Still Born

Date of Death 1-28

Occupation of the Deceased _____

Single or Married _____ Religion _____

Aged _____ Years, _____ Months, _____ Days.

Body to be shipped to _____

Size and Style of Casket or Coffin _____

Manufactured by _____

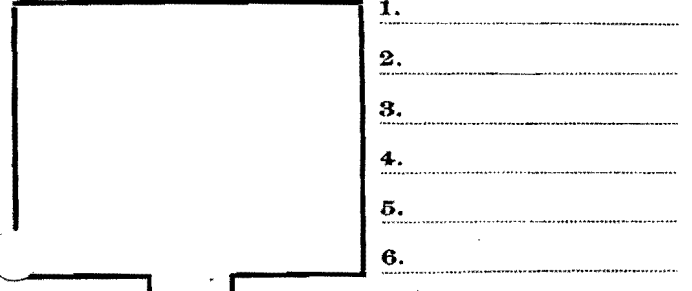
Metallic Lining _____

Outside Box _____

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.), an
 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.