

RECORD OF FUNERAL.

No. 20

Date May 10 1915

Name of Deceased _____

Charge to Guy Kindel

Order Given by _____

How Secured _____

Date of Funeral May 10

Place of Death Green Grove

Funeral Services at Christian Ch.

Time of Funeral Service 10 4 am

Clergyman Rev Baker

Certifying Physician Dr. McLean

His Residence Green Grove

Number of Burial Certificate 20

Cause of Death _____

Date of Death May 9

Occupation of the Deceased _____

Single or Married _____ Religion _____

Aged 2 Years, _____ Months, _____ Days.

Body to be shipped to _____

Size and Style of Casket or Coffin steel 2'-9"

Plain Plush

Manufactured by C. H. & Co.

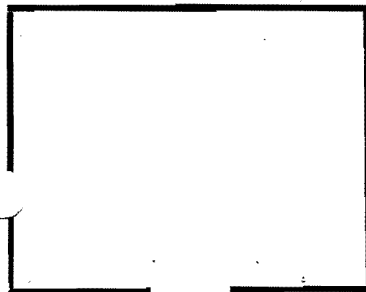
Metallic Lining _____

Outside Box Vault

Number of Handles _____

Interment at Green Wood 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 (□).