

RECORD OF FUNERAL.

No. 33 Date 9-14 1915

Name of Deceased Amstutz

Charge to Jacob Swartz & David Swartz

Order Given by "

How Secured _____

Date of Funeral 9-15

Place of Death Wabash Co.

Funeral Services at Residence

Time of Funeral Service _____

Clergyman _____

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death _____

Date of Death _____

Occupation of the Deceased _____

Single or Married _____ Religion _____

Aged _____ Years, _____ Months, _____ Days.

Body to be shipped to _____

Size and Style of Casket or Coffin _____

Keene-63 Constantine

Manufactured by _____

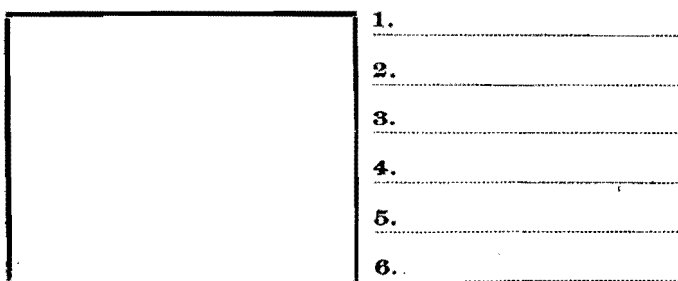
Metallic Lining _____

Outside Box _____

Number of Handles 6

Interment at _____ Cemetery.

Lot or Grave No. _____ Section No. _____



(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.