

RECORD OF FUNERAL.

No. 34 Date 9-18 1915

Name of Deceased Reinhardt

Charge to John

Order Given by " "

How Secured _____

Date of Funeral 9-18

Place of Death _____

Funeral Services at _____

Time of Funeral Service _____

Clergyman _____

Certifying Physician _____

His Residence _____

Number of Burial Certificate 33

Cause of Death Stelbom

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 As

Hospital

Manufactured by B. L. Co

Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at _____ Cemetery.

Lot or Grave No. _____ Section No. _____

1. _____

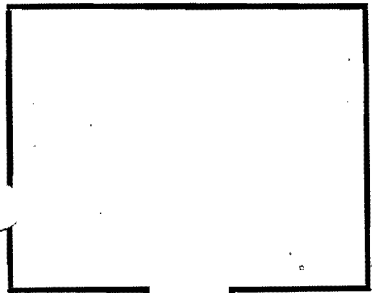
2. _____

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 (□).