

RECORD OF FUNERAL.

No. 1 Date 1-15 1916

Name of Deceased Bert Parr

Charge to Mrs "

Order Given by Norm "

How Secured _____

Date of Funeral 1-17

Place of Death Jefferson Township

Funeral Services at Bethel

Time of Funeral Service _____

Clergyman Johnson + Kaley

Certifying Physician Jones

His Residence Berne

Number of Burial Certificate _____

Cause of Death _____

Date of Death 1-14

Occupation of the Deceased Farmers

Single or Married _____ Religion _____

Aged _____ Years, _____ Months, _____ Days.

Body to be shipped to _____

Size and Style of Casket or Coffin 6-3 Oak

Couch

Manufactured by Ame. C. Co.

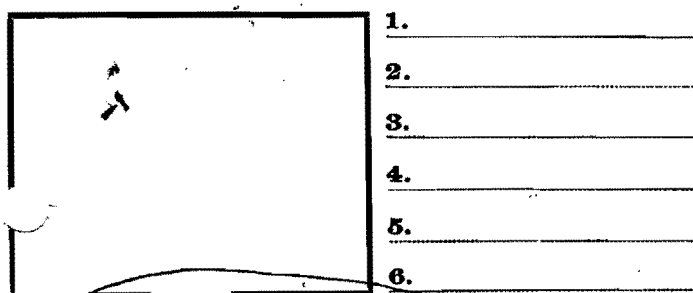
Metallic Lining _____

Outside Box Vault Clark

Number of Handles Extension

Interment at Mt. Hope 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 (□).