

RECORD OF FUNERAL.

No. 5 Date Jun 25 1916

Name of Deceased James Woodson Calvard

Charge to Grade Calvard

Order Given by _____

How Secured _____

Date of Funeral _____

Place of Death _____

Funeral Services at _____

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, 1 Months, _____ Days.

Body to be shipped to _____

Size and Style of Casket or Coffin 2'-6"

Plush Couch Pink

Manufactured by Baterville

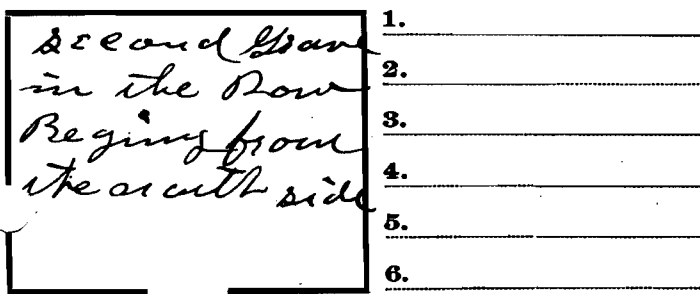
Metallic Lining _____

Outside Box Wood

Number of Handles _____

Interment at MR E 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 (■).