

RECORD OF FUNERAL.

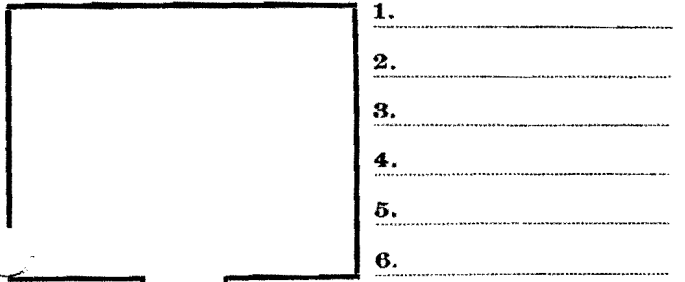
No. 12 Date 2-18 1916
 Name of Deceased Marcella Elizabeth Lehman
 Charge to Lawson "
 Order Given by " "
 How Secured _____
 Date of Funeral _____
 Place of Death Berne
 Funeral Services at Methodist Chr.
 Time of Funeral Service _____
 Clergyman Rev. P. R. Schroeder
 Certifying Physician Dr. Reusser
 His Residence Berne
 Number of Burial Certificate 13
 Cause of Death Pneumonia
 Date of Death 2-18

Occupation of the Deceased _____
 Single or Married _____ Religion _____
 Aged 5 Years, 1 Months, 3 Days.

Body to be shipped to _____
 Size and Style of Casket or Coffin 4-1/2 Push
Couch - no 731
 Manufactured by Wm. C. Co

Metallic Lining _____
 Outside Box wood
 Number of Handles 4
 Interment at M. R. Co. Cemetery.

Lot or Grave No. _____ Section No. _____



(Diagram of Lot.)
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), an
 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.