

RECORD OF FUNERAL.

No. 18 Date April 20 1916

Name of Deceased Justine May Leighty

Charge to Amos Leighty

Order Given by _____

How Secured _____

Date of Funeral 4-18

Place of Death Monroe T.P.

Funeral Services at _____

Time of Funeral Service _____

Clergyman Rev Schroeder

Certifying Physician A. Tracy

His Residence Home

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 _____

Manufactured by _____

Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at _____ Cemetery.

Lot or Grave No. _____ Section No. _____

1. _____

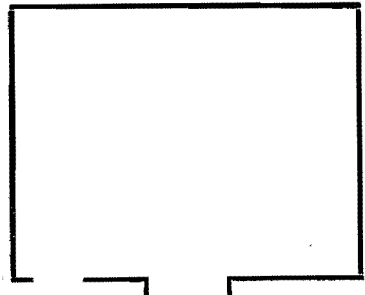
2. _____

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 (■). Use space to the right of Diagram for the names of those buried in Lot.