

RECORD OF FUNERAL.

No. 20 Date 4-29 1916

Name of Deceased John Shigley

Charge to Mrs " "

Order Given by _____

How Secured _____

Date of Funeral 5-1-1916

Place of Death Berne

Funeral Services at Home

Time of Funeral Service 10:00 A.M.

Clergyman Rev J O Moran

Certifying Physician Dr Jones

His Residence Berne

Number of Burial Certificate 26

Cause of Death Canceroma

Date of Death 4-28

Occupation of the Deceased Retired Farmer

Single or Married W Religion Methodist

Aged 88 Years, 6 Months, 8 Days.

Body to be shipped to _____

Size and Style of Casket or Coffin 12x24x8 cont

Manufactured by Liteda Casket Co

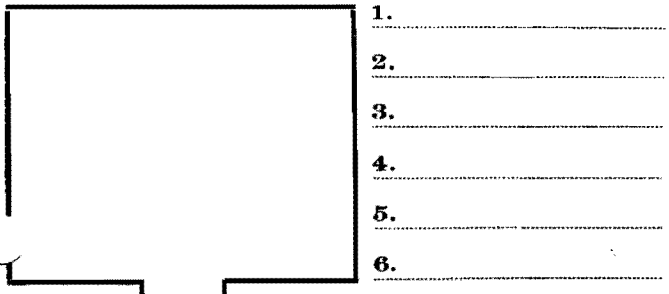
Metallic Lining _____

Outside Box _____

Number of Handles 2 Stainless

Interment at St R E Cemetery

Lot or Grave No. _____ Section No. _____



(Diagram of Lot.)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), as 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 buri