

RECORD OF FUNERAL.

No. 32 Date Aug 31 196
 Name of Deceased Sarah Hushen
 Charge to Eli Hushen
 Order Given by " "
 How Secured _____
 Date of Funeral 8-5 Day
 Place of Death County of ...
 Funeral Services at Church
 Time of Funeral Service 8-30 AM
 Clergyman Graybill & Kleppstein
 Certifying Physician Dr. ...
 His Residence ...
 Number of Burial Certificate 36
 Cause of Death _____
 Date of Death 8-3 Day
 Occupation of the Deceased _____
 Single or Married S Religion _____
 Aged 33 Years, 6 Months, _____ Days.
 Body to be shipped to _____
 Size and Style of Casket or Coffin Silver Gray
Church 1/2 Couch
 Manufactured by C. C. C. Co.
 Metallic Lining _____
 Outside Box Wood
 Number of Handles 4
 Interment at M. R. E. Cemetery.
 Lot or Grave No. Row 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.