

RECORD OF FUNERAL.

No. 44 Date Oct 28 1916
 Name of Deceased Philip Louder
 Charge to Mrs " "
 Order Given by " "
 How Secured _____
 Date of Funeral 10-29
 Place of Death Lutheran Hospital
 Funeral Services at Evangelical Chr.
 Time of Funeral Service 1:30 & 2:00
 Clergyman Rev. Moser
 Certifying Physician Dr. Jones
 His Residence Barn
 Number of Burial Certificate 47
 Cause of Death Gall Stone
 Date of Death 10-26
 Occupation of the Deceased Salesman
~~He~~ Married _____ Religion Evangelical
 Aged 42 Years, _____ Months, _____ Days.
 Body to be shipped to _____
 Size and Style of Casket or Coffin 6-3 Oak
Coach Heart + Star Int
 Manufactured by L. L. Co
 Metallic Lining _____
 Outside Box Wood
 Number of Handles Extension + End
 Interment at M. R. E. 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.