

RECORD OF FUNERAL.

No. 3 Date Jan 14 1913

Name of Deceased Farlow

Charge to Crawford

Order Given by Wm Farlow

How Secured _____

Date of Funeral 1-15-1913

Place of Death Wabash Tps

Funeral Services at Home

Time of Funeral Service 1:00 P.M.

Clergyman _____

Certifying Physician D. D. Jones

His Residence Berne

Number of Burial Certificate _____

Cause of Death _____

Date of Death _____

Occupation of the Deceased _____

Single or Married _____ Religion _____

Aged _____ Years, _____ Months, 1/2 Day.

Body to be shipped to _____

Size and Style of Casket or Coffin 2 - 6

Manufactured by _____

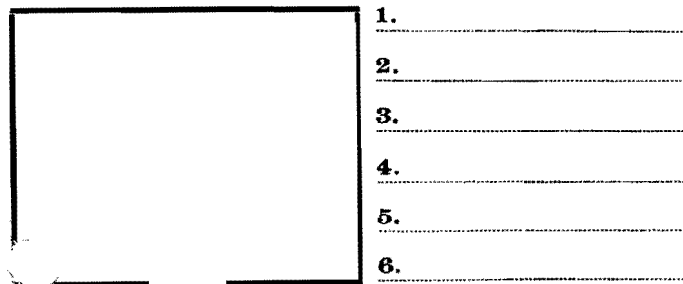
Metallic Lining _____

Outside Box wood

Number of Handles _____

Interment at Crawford Cemetery.

Lot or Grave No. _____ Section No. _____



(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.