

RECORD OF FUNERAL.

No. 11 Date March 13 1912

Name of Deceased Jacob Kaffman

Charge to Self " " " "

Order Given by " " " "

How Secured _____

Date of Funeral 3/13

Place of Death Monroe J. S.

Funeral Services at Berne Reformed ch

Time of Funeral Service 10 a.m.

Clergyman Katharine Gruffell

Certifying Physician Reusser

His Residence Berne

Number of Burial Certificate _____

Cause of Death Cancer of tongue

Date of Death 3/9

Occupation of the Deceased Farmer

Single or Married Yes Religion S R

Aged 58 Years, 0 Months, 29 Days.

Body to be shipped to _____

Size and Style of Casket or Coffin oak casket

Tram Dets. #46. Sep 1944

Manufactured by Crawfordsville

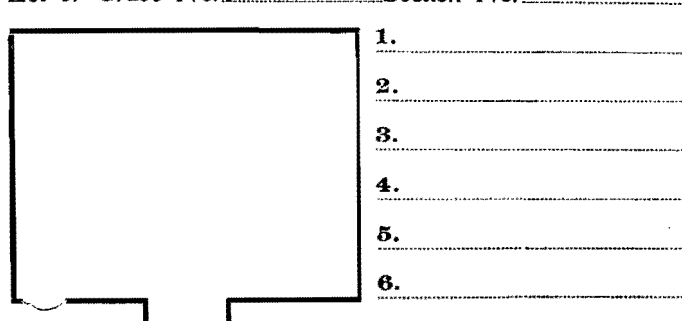
Metallic Lining _____

Outside Box Vault Gellion

Number of Handles Effusion

Interment at M R E 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.