

RECORD OF FUNERAL.

No. 40 Date Sept 27 1912

Name of Deceased Infant Babe of Rev Ragire

Charge to _____

Order Given by _____

How Secured _____

Date of Funeral Oct 1

Place of Death Home TP

Funeral Services at mission ch.

Time of Funeral Service 10 am

Clergyman Rev Kefferstue

Certifying Physician H. Ruer

His Residence Home

Number of Burial Certificate _____

Cause of Death Acute Indigestion

Date of Death Sept 27

Occupation of the Deceased _____

Single or Married _____ Religion _____

Aged _____ Years, 10 Months, 20 Days.

Body to be shipped to _____

Size and Style of Casket or Coffin 3 ft

Manufactured by Constantine Caskets

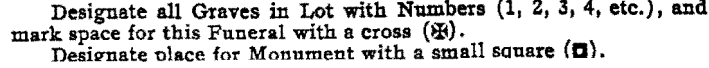
Metallic Lining _____

Outside Box wood

Number of Handles _____

Interment at _____ 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 (■).