

RECORD OF FUNERAL.

No. 35 Date Oct 1st 191

Name of Deceased Abraham J. Springer

Charge to J. Springer

Order Given by " "

How Secured _____

Date of Funeral 10/1st

Abraham F. - check

Place of Death _____

Funeral Services at Presbyterian ch.

Time of Funeral Service 9 4 am.

Clergyman Rev Springer

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death _____

Date of Death 9/28

Occupation of the Deceased _____

Single or Married _____ Religion _____

Aged _____ Years, _____ Months, _____ Days.

Body to be shipped to Berlin

Size and Style of Casket or Coffin oak

Manufactured by _____

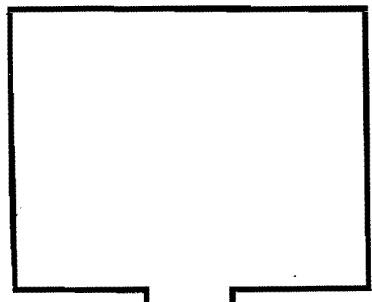
Metallic Lining _____

Outside Box wood

Number of Handles 6

Interment at M. R. E. Cemetery.

Lot or Grave No. 208 Section No. _____



- 1. A J Springer
- 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 cross (m)

NR