

RECORD OF FUNERAL.

No. 29 _____ Date July 27 _____ 19

Name of Deceased David Wahli _____

Charge to Abel Wahli _____

Order Given by _____

How Secured _____

Date of Funeral July 29 _____

Place of Death Webash TP _____

Funeral Services at Mission Ch _____

Time of Funeral Service 1:30 Pm _____

Clergyman Keener _____

Certifying Physician Reiser _____

His Residence Berne _____

Number of Burial Certificate _____

Cause of Death _____

Date of Death July 27 _____

Occupation of the Deceased _____

Single or Married _____ Religion _____

Aged _____ Years, _____ Months, _____ Days

Body to be shipped to _____

Size and Style of Casket or Coffin _____

Manufactured by _____

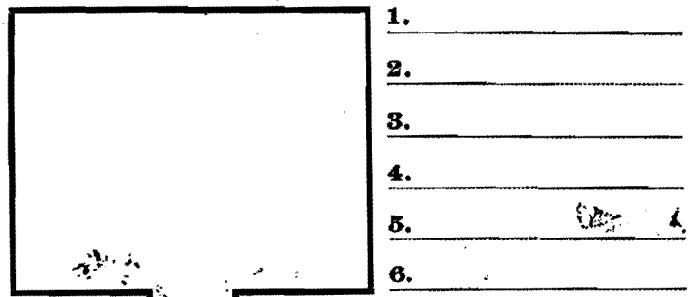
Metallic Lining _____

Outside Box _____

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.), as mark space for this Funeral with a cross (X).

B. 6-27-1911
 f. Abraham Wahli, Switzerland
 m. Lena Neukomm, Switzerland
 D. impetigo contagiago
 burial MRE
 H-24 36-37
 KCA