

OFFICE **LINDEN GROVE CEMETERY CO.**

(INCORPORATED)

No. 1449

Covington, Ky., Aug 8 1927

To the Superintendent of Linden Grove Cemetery:

Please prepare a Single Grave for
William H Stamper on _____ Lot,
Sec. or Range No. _____, Lot No. _____ Interment on
Aug 8/27 at 3 o'clock, P M.

Size of Coffin--Length, _____; Width, _____; Height, _____

Size of Box--Length, _____; Width, _____; Height, _____

Single Grave, \$ 18⁰⁰

Brick Grave, \$ _____

Digging Grave, \$ _____

A. J. Small
Secretary.

PLACE OF DEATH

COMMONWEALTH OF KENTUCKY

County KENTON

State Board of Health

Permit No. 465

Vot. Pct. _____

BUREAU OF VITAL STATISTICS

Reg. Dist. No. 790

or _____

Inc. Town _____

City COVINGTON, KY.

Burial or Removal Permit

Full name William H. Stamber Age 71 Sex M Color WDisease causing death Angular FracturePlace of burial Ruden GroveRemoval to _____ via Cov KyUndertaker Allison + Rose Address _____

A certificate of death having been filed in my office in accordance with the Laws of Kentucky, I hereby authorize the

_____ of the body of said deceased person as stated above.
(Burial or Removal)Dated 8/6 19 27 Registrar's name J. P. Riffe M.D.

Burial permits must be delivered by the undertaker to the sexton or other persons in charge of the burial ground or cemetery where burial takes place. When the body is to be shipped to a distant point, requiring the service of a common carrier, in addition to the removal permit, the body must be accompanied with a transit permit as required by the State Board of Health. For full particulars see Rules and Regulations governing the Transportation of Dead Bodies.

Sexton's signature Samuel Reed Date of interment Aug 8 19 27

This permit must be endorsed by the sexton and returned to the Local Registrar in his district within ten days.

TO BE RETAINED BY SECTION

Permit No.

Registration Dist. *7000*

Name of Deceased

William A. Sturges

Cause of Death

8/6/77 am th

Date of Issue

8/6/77

Local Registrar

W. H. White, M.D.