SYCAMORE TOWNSHIP HAMILTON COUNTY, OHIO No. Anderson Male Name of Deceased_ Female Place of Nativity. Late Residence_ Date of Birth or Age. Date of Decease_ Date of Deposit in Public Vault. Date of Interment. Disease_ Parents Names_ In Whose Lot Interred. Sec. LENGTH WIDTH HEIGHT Size of Coffin, Casket or Box_ Name of Undertaker_ Opening & Closing \$. Removed from_ Single 7 severa-\$ Permit Obtained By. Vault. Lining -Place of Death_ Single, Married, Widowed What Relation to Lot Owner. Occupation___ To Supt. of Hopewell Cemetery. You are Hereby Authorized to Inter the Remains of-_In My Lot No._____ Sec. No._

grave 3-4- D-6

In Hopewell Cemetery.