INDIANA STATE BOARD OF HEALTH

No. 573 PERMIT FOR BURIAL
County Harrison Township Harrison City or Town Mentions to
Decedent's full name Asself Mc Salsad Age 68
Cause of death actiles Eleveris
Medical attendant T. d. beletter Place of death. Sevostofol Incl
Proposed date of burial 12 26 1932. Proposed place of burial Polestine Ceruly 4nd
Undertaker & & . Learning — Address Autor Lake ind A Certificate of Death having been filed in my office in accordance with law. I hereby authorize the removal and burial of the
body of said deceased person as stated above. In the case of death from a dangerous communicable disease, the burial must be conducted according to the rules of the State Board of Health.
Dated 12-24 1032 Name of Health Officer or Deputy
Address (Holder should preserve this Permit)