INDIANA STATE BOARD OF HEALTH

- 56Q

No. 569 PERMIT FOR REMOVAL AND BURIAL
County Kozciusko Township Harrison City or Town Palestine
Date of Death 1000 19 1932
Decedent's full name Sermelia a Spirey 10e 49
Cause of death and Posalisis
Medical attendant of & Clutter
Place of death at her home houth of Palentine Fred
Proposed date of burial povember 22 1932
Proposed place of burial Palestine Cemetry
Undertaker L. P. Sefferies Address Mentons Incl.
A Certificate of Death having been Bicd 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. This permit is to be delivered to sexton or person in charge of cemetery.
L. Paesseries Deputs
(Name of Health Officer or Deputy
Dated Mov-21 1939 Mentons Ind
8 (Sexton or person in charge of compterv should preserve this Permit)