

INDIANA STATE BOARD OF HEALTH

PERMIT FOR BURIALNo. 11County Kosciusko Township _____ City or Town WarsawDate of Death January 13 1933Decedent's full name Charles E. Shobe Age 74Cause of death Cancer of ProstateMedical attendant A. C. SmithPlace of death Warsaw InfirmaryProposed date of burial _____ 15-33Proposed place of burial Palestone IndUndertaker Diller Address Warsaw 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.

[Signature]
Name of Health Officer or Deputy

Dated 1-14-33 1933 Warsaw Ind

Address