

INDIANA STATE BOARD OF HEALTH

No. 1**PERMIT FOR BURIAL**County Kosciusko Township Garrison City or Town _____Date of Death 12-15 1933Decedent's full name Benjamin Decker Age 76Cause of death MeningitisMedical attendant J. P. ClutterPlace of death Garrison twp. Kos. Co.Proposed date of burial 12-17-33 1933Proposed place of burial PalatineUndertaker H. N. Johns Address Meritone

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 12-15 1933

H. N. Johns
Name of Health Officer or Deputy

Meritone Ind.
Address

(Holder should preserve this Permit)