

INDIANA STATE BOARD OF HEALTH

PERMIT FOR BURIAL

No.

County Joseph Township Fortye City or Town LaBend

Decedent's full name Muel B. Huffer Jerte Date of Death 12-1-33 19...
Age 36

Cause of death Encephalitis

Medical attendant Dr. C. A. Bishop

Place of death Edwards Hospital

Proposed date of burial 12-3-33 19...
Proposed place of burial Galilee

Undertaker Forest J. Kay Address LaBend

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 12-2 19 33 Name of Health Officer or Deputy E. O. Nelson
Address