

INDIANA STATE BOARD OF HEALTH

No. 135**PERMIT FOR BURIAL**County Rose

Township _____

City or Town WarsawDate of Death November 4, 1933Decedent's full name William Edmund DavisAge 2 daysCause of death Premature BirthMedical attendant J. C. MurphyPlace of death Warsaw IndianaProposed date of burial 11-7-33 19Proposed place of burial Palesian CemeteryUndertaker J. E. SumnerAddress Lawrence 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 11-7-33 19Name of Health Officer or Deputy Warsaw Indiana

Address _____

(Holder should preserve this Permit)