

INDIANA STATE BOARD OF HEALTH

No. 99**PERMIT FOR BURIAL**County Kosciusko

Township _____

City or Town WARSAW,Date of Death September 31 1934Decedent's full name Richard John SurberAge 5Cause of death Brain ore to autoMedical attendant Paul Sardi's coronerPlace of death ClaypoolProposed date of burial Sept 30 1934Proposed place of burial Pulaski Silver LakeUndertaker EdmundAddress Silver Lake

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 8/29/34

Name of Health Officer or Deputy

WARSAW, INDIANA,

Address

(Holder should preserve this Permit)