

INDIANA STATE BOARD OF HEALTH

No. 32**PERMIT FOR BURIAL**County Rose Township _____ City or Town WarsawDate of Death Nov 9 1934Decedent's full name Anna T. Guy Age 57Cause of death Fracture ribsMedical attendant W. MurphyPlace of death Wayne HospProposed date of burial _____ 3-11-1934Proposed place of burial CalvaryUndertaker Paul Lewis 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.

Dated 3/14/34 1934

Name of Health Officer or Deputy

Address

Warsaw Ind
(Holder should preserve this Permit)