

STATE OF INDIANA—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

No. ....

**PERMIT FOR BURIAL**County Allen Township Wayne City or Town FT WayneDate of Death April 3 19 34Decedent's full name Grace G. Behler Age 58Cause of death Arterio SclerosisMedical attendant L. F. HoadPlace of death 1411 Wall StProposed date of burial July 5th 19 34Proposed place of burial Rest HomeUndertaker Klach & Sons Address FT Wayne

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.

D. L. Miller  
Name of Health Officer or Deputy

Dated July 5th 19 34

Address

(Holder should preserve this Permit)