

INDIANA STATE BOARD OF HEALTH

PERMIT FOR BURIAL

No.

County Allen Township Wayne City or Town Fort WayneDecedent's full name Mrs. Ora Desai McLaughlin Date of Death Nov. 1 1933 Age 58 1/2Cause of death G. Heart BlockMedical attendant G. T. BrownPlace of death Lutheran HospProposed date of burial Nov. 3 1933Proposed place of burial Mercury Ind.Undertaker D. C. McComb & Sons Address Fort 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. C. Miller
Name of Health Officer or Deputy

Dated Nov. 2 1933

Address

(Holder should preserve this Permit)