

INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

**PERMIT FOR BURIAL**

No. 14

County Kosciusko

Township \_\_\_\_\_

City or Town Warsaw

Decedent's full name Wm. Kenneth Redinger

Date of Death September 24, 1937

Age 1-11-3

Cause of death Typhoid fever in traction

Medical attendant \_\_\_\_\_

Place of death Madison Hospital

Proposed date of burial 9/24/37

Proposed place of burial Palestine Cemetery

Undertaker John J. ...

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 9/24/37

1937

Dr. ...  
Name of Health Officer or Deputy

Warsaw Ind  
Address

(Holder should preserve this Permit)