

INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

**PERMIT FOR BURIAL**

No. ....

County Allen Township ..... City or Town Mayne

Decedent's full name Jacob Plamets Date of Death 8/11/37 Age 13

Cause of death Infantile syph

Medical attendant L. H. Govee

Place of death .....

Proposed date of burial 8/13/37 19.....

Proposed place of burial Palmer's Burial

Undertaker Wm. W. W. W. Address .....

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 8/11/37 19.....

Name of Health Officer or Deputy

Address

(Holder should preserve this Permit)