

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

No. 55

PERMIT FOR BURIALCounty Rose Township _____ City or Town WarsawDecedent's full name Grace Noble Miller Date of Death April 2 1937
Age 53Cause of death Chronic End-stage nephritisMedical attendant Dr. R. C. MillerPlace of death Wayne TownshipProposed date of burial 4-4 1937Proposed place of burial Palestine CemeteryUndertaker Wm. J. Kone 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 Apr 2 1937

Name of Health Officer or Deputy

Address

(Holder should preserve this Permit)