

STATE OF INDIANA—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS**PERMIT FOR BURIAL**No. 125County Kosciusko

Township _____

City or Town WarsawDate of Death October 14 1935Decedent's full name Julius J. ...Age 69Cause of death Home ...Medical attendant Dr. MurphyPlace of death Wagon TownshipProposed date of burial 10-16-35Proposed place of burial Palatka CemeteryUndertaker Woods and ...Address Warsaw Indiana

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.

[Signature]
Name of Health Officer or Deputy

Dated 10-22-35

Warsaw Indiana
Address

(Holder should preserve this Permit)