

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

No. 748**PERMIT FOR BURIAL**County St Joseph Township Portage City or Town So BendDate of Death Sept - 28 19 35Decedent's full name Proy V. Crease Age 62 yrsCause of death Septic Hemiplegia from woundMedical attendant L. J. BennettPlace of death So BendProposed date of burial Oct. 3 - 19 35Proposed place of burial Palmiter's BurialUndertaker Chas. C. Hollis Address So Bend

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 Oct 1 - 19 35

[Signature]
Name of Health Officer or Deputy

[Signature]
Address

(Holder should preserve this Permit)