INDIANA STATE BOARD OF HEALTH

No. 6 PERMIT FO	OR BURIAL
	City or Town arsaul
Decedent's full name dual Date	of Death annay 11 1935
Cause of death In fuel Dur	ma- avelental
Medical attendant Phase of death Andreas	
Proposed date of burial	gang 13 135
Undertaker Kull June	House Ivarian 2
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 // N 10	Name of Health Officer or Deputy
8 ~ / / 8	Address (Holder should preserve this Permit)