INDIANA STATE BOARD OF HEALTH

No. 49

PERMIT FOR BURIAL

| County ST. JOSEPH | Township PEND | City or TownMISHAWAKA |
|---|--|--|
| 1 | | 2:23 1035 |
| Decedent's full name | Tarion Le | icker Age 55 |
| Cause of death Cene | bral Henne | orkage |
| Medical attendant | · B. Sean | |
| Place of death | 20971. | Ling |
| Proposed date of burial | | 12-26 1035 |
| Proposed place of burial | Valestine | |
| Undertaker Hed | 4. Bubb A | ddress Minhawa Sa |
| A Certificate of Death having been | filed in my office in accordance with 12w, | I hereby authorize the removal and burial of the |
| conducted according to the rules of the | State Board of Health. | Vtous - |
| | | Name of Health Officer or Deputy |
| Dated 2 - 2 | | SHAW//A |
| Dure | 193 | Address |
| 8 | (1 | Iolder should preserve this Permit) |