

STATE OF INDIANA—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSNo. 111**PERMIT FOR BURIAL**County Wase Township _____ City or Town WarsawDecedent's full name John Edwin Hart Date of Death September 23 1935 Age 1 1/2Cause of death General peritonitisMedical attendant R. B. BannPlace of death Warsaw IndProposed date of burial 9-25-35Proposed place of burial Walsh StreetUndertaker Louis J. Hedrick 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 Sept 25 1935 _____
Name of Health Officer or Deputy W. B. Bann

Address

(Holder should preserve this Permit)