

STATE OF INDIANA—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS**PERMIT FOR BURIAL**

No. ....

County Allen Township ..... City or Town East WayneDate of Death 12/16/35 19 .....Decedent's full name George Baker Age 83Cause of death Cerebral PoisoningMedical attendant J. W. Kannel

Place of death .....

Proposed date of burial 12/18/35 19 .....Proposed place of burial Calistine CemeteryUndertaker D. D. McComb & Sons Address 114 Wayne

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.

Karl C. Chesley  
Name of Health Officer or Deputy

Dated 12/18/35 19 .....

Address .....

(Holder should preserve this Permit)