

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

No. 5

PERMIT FOR BURIAL

County Marion Township Wayne City or Town Warsaw

Date of Death May 7 1939

Decedent's full name David Lewis Beck Age _____

Cause of death Premature Birth

Medical attendant Dr. Schlemmer

Place of death McDonald Hospital

Proposed date of burial May 8 1939 19____

Proposed place of burial Palestine

Undertaker Becker & Stone Address Warsaw

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.

May D. Gaber M.D.
Name of Health Officer or Deputy

Dated May 7 1939 Warsaw
Address