

INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

**PERMIT FOR BURIAL**

No.....

County Johnson Township ..... City or Town Franklin

Decedent's full name Miss M. L. Lache Date of Death May 5 1939  
Cause of death Cerebral Hemorrhage Age 82

Medical attendant Oran Prosser

Place of death Franklin

Proposed date of burial May 7 - 39 19.....

Proposed place of burial Franklin

Undertaker Home Sweet Home Address Franklin

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.

Name of Health Officer or Deputy Austin Glen Dyer

Address Franklin

Dated May 6 1939

Address Franklin