

INDIANA STATE BOARD OF HEALTH

No. 661**PERMIT FOR BURIAL**County Kosciusko Township Franklin City or Town _____Date of Death Dec. 1935Decedent's full name Abraham H. Walters Age 92Cause of death Apoplexy ArteriosclerosisMedical attendant V. L. ClutterPlace of death At Home of His son West of MentoneProposed date of burial Dec 8 1935Proposed place of burial Palestine CemeteryUndertaker A. T. Reed Address Mentone, 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 Dec 7 1935

A. T. Reed
Name of Health Officer or Deputy

Mentone, Ind.
Address

(Holder should preserve this Permit)