

INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

No. 41**PERMIT FOR BURIAL**County Warrick Township \_\_\_\_\_ City or Town \_\_\_\_\_Date of Death July 5 1934Decedent's full name Chas. W. Vandergriff Age 80Cause of death Chronic arteriosclerosisMedical attendant Dr. Bert. S. SidesPlace of death Warrick, IndianaProposed date of burial July 7 1934Proposed place of burial PatentUndertaker Elmer Funeral Home Address Warrick

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.

Max W. Guster, M.D.  
Name of Health Officer or Deputy

Dated July 6 1934

W. D. ...  
Address

(Holder should preserve this Permit)