

INDIANA STATE BOARD OF HEALTH

No. 127**PERMIT FOR BURIAL**County Knox Township Luke City or Town _____Date of Death 12-27-12 1931Decedent's full name Manuel Shelling Age 56-7-19Cause of death PericarditisMedical attendant A. C. NoblePlace of death LukeProposed date of burial Palestine 19 Proposed place of burial Box 14-3Undertaker G. S. Sumner Address Luke

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.

G. S. Sumner
Name of Health Officer or Deputy

Dated Dec 14 1931

Address _____

(Holder should preserve this Permit)