

## INDIANA STATE BOARD OF HEALTH

No. 41**PERMIT FOR BURIAL**County Pose Township \_\_\_\_\_ City or Town WarsawDate of Death March 24 1930Decedent's full name Gene Salome Moon Age 62Cause of death Carcinoma of colon & rectumMedical attendant S. G. [unclear]Place of death Warsaw, IndianaProposed date of burial 3/26/1930Proposed place of burial PalestineUndertaker H. W. Johns Address Mentone Indiana

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 3/25/30

O. S. [unclear]  
Name of Health Officer or Deputy

Warsaw Ind  
Address

(Holder should preserve this Permit)