## INDIANA STATE BOARD OF HEALTH

No PERMIT FOR BURIAL
County thus Township Steepen City or Town leasant had
Date of Death Jy 3 - 103 K
Decedent's full name of avage 4. Classe - Age 64-10-
Cause of death Cylon Jesusan Bury
Medical attendant plans of the March Alle Sund Roll Sund Sund Sund Sund Sund Sund Sund Sund
Proposed date of burial 1944. 15-1934. 199
Proposed places of burial Burice. Lud-
Undertaker Mill Stull al fo and Address all being the Mary of the
A Certificate of Death having been filed in my office in accordance with law I hereby atthorize the emoval and burial of the body of said deceased person as stated above. In the case of death from a dangelous communicable disease, the burial must be conducted according to the rules of the State Board of Health.
Name of Health Officer or Deputy
Dated 11W. 14 - 19 . Staugen councy real
8 (Holder should preserve this Permit)