

STATE OF INDIANA—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

No. 32

PERMIT FOR BURIAL

County Kosciusko Township _____ City or Town Warsaw

Decedent's full name Caroline Blasse Date of Death April 4 1936 Age 53

Cause of death return from exposure

Medical attendant _____

Place of death Wagon Township

Proposed date of burial 4-7-36

Proposed place of burial Palentine

Undertaker _____ Address Warsaw 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 4/6/36 1936

Name of Health Officer or Deputy
Warsaw Indiana
Address

(Holder should preserve this Permit)