INDIANA STATE BOARD OF HEALTH

13./
PERMIT FOR BURIAL
7. 1 7. 0
County County Township Farrisau City or Town Chia Trend
Date of Death Man 8, 19276
Decedent's full name Lathering M. Jucker Agel Syndro.
Cause of death legal copy legal
Medical attendant Der. J. V. Meditts
Place of death frame of som Hayre Tucker, Morth of Mentions
Proposed date of burial Mars, 10
Proposed place of burial Palestine Camelery
Undertaker Kabert & Need Address Mentane Sud
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.
Jell Jeel
Name of Health Officer or Deputy
Dated 1 100 Mentone, Ond -
8 (Holder should preserve this Permit)