

INDIANA STATE BOARD OF HEALTH

PERMIT FOR BURIAL

No.....

County Kos. Township Harrison City or TownDate of Death 8-17 1936Decedent's full name Beverly Snyder Age 6 mo.Cause of death ColicMedical attendant G. C. TaylorPlace of death Harrison CampProposed date of burial 8-19 1936Proposed place of burial Palestine Undertaker J. J. Jones Address mentone

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 8-18 1936

J. J. Jones
Name of Health Officer or Deputy

mentone
Address

(Holder should preserve this Permit)