

INDIANA STATE BOARD OF HEALTH

No. 134**PERMIT FOR BURIAL**County Rose Township _____ City or Town WarsawDecedent's full name Dr. Elizabeth Horn Date of Death Nov 2 1932
Age 57Cause of death DiarrheaMedical attendant Ed DuboisPlace of death Warsaw IndProposed date of burial 11-4-32Proposed place of burial PalmerUndertaker Chas. H. Kelle 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 11-4-32 1932Name of Health Officer or Deputy Ed DuboisAddress Warsaw Ind

(Holder should preserve this Permit)