

INDIANA STATE BOARD OF HEALTH

No. 80**PERMIT FOR BURIAL**County Kosciusko Township _____ City or Town WarsawDate of Death June 4 1932Decedent's full name Deland Creech Age 62Cause of death ApoplexyMedical attendant Paul S. Harris CoronerPlace of death Wayne TownshipProposed date of burial _____ 1932Proposed place of burial Palmerston IndUndertaker Paul S. Harris Address Warsaw

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 6/6/32 1932

C. H. Rucker
Name of Health Officer or Deputy

Warsaw Indiana
Address

(Holder should preserve this Permit)