## INDIANA STATE BOARD OF HEALTH

No. 45	PERMIT FO	R BURIAL	
County Coll	Township	City or Town	array 3
Decedent's full harner &	year Para	Death	Age
Cause of death Medical attendant	Mous	ulumbur	a
Place of death Proposed date of burial	agne of	amushy?	8 33
Proposed place of buria	VIII VANIA	ne Jah	
A Certificate of Death having body of said deceased person as a conducted according to the rules of	tated above. In the case of death	ance with law, I hereby authorize the re- from a dangerous communicable disease	moval and burial of the se, the burial must be
2 /1	10/100	Name of Health Officer or	Deputy (
Dated 9/	8/30 X	Man Address	fnd
8		(Holder should preserve this	s Permit)