

## INDIANA STATE BOARD OF HEALTH

No. 86**PERMIT FOR BURIAL**County Woscinko Township \_\_\_\_\_ City or Town \_\_\_\_\_Date of Death June 14 1933Decedent's full name John M. Merida Age 83Cause of death Acute EmbolismMedical attendant G. W. AnglinPlace of death Woscinko CoProposed date of burial June 16 1933Proposed place of burial TabastineUndertaker Greenawalt Bros Address Truman 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.

O. H. Richer M. D.

Name of Health Officer or Deputy -

Warsaw Indiana

Address

(Holder should preserve this Permit)

Dated June 15 1933