INDIANA STATE BOARD OF HEALTH

PERMIT FOR REMOV	AL AND BURIAL
County Koseusk Township Low	and City or Town Burket
Date of	
Decedent's full name Januar	B. Warren Age 76
Cause of death Tesaliti	À /
Medical attendant	uderg
Place of death O Burger	dud
Proposed date of burial	9 1955
Proposed place of burial fales for	e Incop
Undertaker E. E. Survey	Address Deliver take the
A Certificate of Death having been filed in my office in accordated body of said deceased person as stated above. In the case of death frequency of the state Board of Health. This permits the said of the state Board of Health.	om a dangerous communicable disease, the burial must be con-
1.8	Danieders m. D.
man 8 - 1038	Name of Health Officer or Deputy But to Duck
Batea (S	Address exton or person in charge of cometery should preserve this Permit)