Form V. S. 4

INDIANA STATE BOARD OF HEALTH

No. J. PERMIT FOR BURIAL
1 100
County 102 Township Krankle City or Town Mullow
Date of Death 7 - 26 1934
Decedent's full name for Me Journ Age 72
Cause of death Chenne Condo Caroliles
Medical attendant D. C. Joylor
Place of death Mentonth
Proposed date of burial 7-28
Proposed place of burial Palistin
Undertaker Address metone Address metone
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.
conducted according to the righes of the State Board of Health.
Name of Health Officer or Deputy
Dated 7-27 1984 Name of Health Officer or Deputy
8 (Holder should preserve this Permit)