INDIANA STATE BOARD OF HEALTH T FOR BURIALCity or Town Wans Decedent's full name, Cause of death..... Medical attendant Place of death.... Proposed date of burial. Proposed place of burial Undertaker 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. Name of Health Officer or Deputy Address (Holder should preserve this Permit)