

STATE OF INDIANA—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

PERMIT FOR BURIAL

No.

County Kos Township Franklin City or TownDate of Death 12-14-37 19.....Decedent's full name Diana Shoemaker Age 86-5-26Cause of death Arteriosclerotic Heart DiseaseMedical attendant E. V. FerndeenPlace of death 6 mi. N. W. S. L.Proposed date of burial 12-16-37 19.....Proposed place of burial PalentineUndertaker E. J. Sumner Address Silver Lake

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.

Dated 12-15-37, 19.....

Name of Health Officer or Deputy

E. V. Ferndeen
Silver Lake Ind
Address

(Holder should preserve this Permit)