

STATE OF INDIANA—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS**PERMIT FOR BURIAL**No. 194County Kos Township Franklin City or Town _____Date of Death 12 - 24 1937Decedent's full name Alwilda Nelson Age 79Cause of death Cerebral apoplexyMedical attendant M. O. KingPlace of death Franklin twp.Proposed date of burial 12 - 26 1937Proposed place of burial Palastine CemeteryUndertaker A. W. Johns Address Mentone

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 - 26 1937

A. W. Johns
Name of Health Officer or Deputy

Mentone Ind.
Address

(Holder should preserve this Permit)