

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

No. 85

PERMIT FOR BURIALCounty Knox Township _____ City or Town WarsawDate of Death May 11 1937Decedent's full name Howard Stamate Age 63Cause of death Chy arteriosclerosisMedical attendant W. B. SidesPlace of death Wayne TownshipProposed date of burial 5-13-37Proposed place of burial Calistone CemeteryUndertaker Elly Mural Address Warsaw Ind

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 5/12/37 1937

Name of Health Officer or Deputy

Address

Warsaw Ind
(Holder should preserve this Permit)