

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

PERMIT FOR BURIAL

No.

County Kosciusko Township Seward City or TownDate of Death Nov 4 1937Decedent's full name Anna Moore Age 60Cause of death Sclerotic HeartMedical attendant E. V. HendersonPlace of death Seward, Ind.Proposed date of burial Nov 7/37 19.....Proposed place of burial PalestineUndertaker Charles M. Moore Address A. R. R.

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.

Dr. Clutter
Name of Health Officer or DeputyDated Nov 6 1937Mentore
Address
(Holder should preserve this Permit)