INDIANA STATE BOARD OF HEALTH

No. 576 PERMIT FOR BURIAL
County Basainske Township Hausson City or Town mentane
Date of Death
Date of Death 19
Decedent's full name Henry Selbest Halfield Age 84
Cause of death Unflying
Medical attendant de lelatte
Place of death Palepline Incl
Proposed date of burial 1033
Proposed place of burial Palstine Gne
Undertaker # & Dahones Address Mentone Ino
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. Lo P Del Beries Seluta
Name of Health Officer or Deputy
Dated 26 1988 Name of Health Officer or Deputy Address
Address

(Holder should preserve this Permit)