INDIANA STATE BOARD OF HEALTH

No. 6.24 PERMIT FOR BURIAL	
County Koreinsky Township Franklin City or Town Mentione	_
Date of Death May 213 1935	
Decedent's full name Many Sond Age 30	
Cause of death Peseta dellelations of heart with a Pallermany Dedesons	~
Medical attendant 7.3 Chatter	
Place of death Me London Brachetal Marsu	1
Proposed date of burial 1999	511
Proposed place of burial Halfatine Cemetsing	
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 May 24 1035 Name of Health Officer or Deputy	
Address (Holder should preserve this Permit)	5