

INDIANA STATE BOARD OF HEALTH

No.....

PERMIT FOR BURIALCounty Fulton..... Township Rochester..... City or Town.....Date of Death February-24th-1935 19.....Decedent's full name..... Catherine Ann Walters..... Age 80-6-12Cause of death..... Cardio-Vascular Renal Disease......Medical attendant..... M.O.King-M.D......Place of death..... Rochester-Indiana.....Proposed date of burial..... February-26th-1935 19.....Proposed place of burial..... Palestine Cemetery-Kosciusko County-Indiana.....Undertaker..... Val Zimmerman..... Address Rochester-Indiana.....

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.

M. R. King
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Name of Health Officer or Deputy

Dated February-25th-1935.....

Rochester-Indiana.....
Address