INDIANA STATE BOARD OF HEALTH

No. 622 PERMIT FOR BURIAL	
County Korcinates Township Fast	wan City or Town
Date of	Death (198) 26 1935
Decedent's full name The land	Milling Age 78-1-2
Cause of death Agancia	reart Sepican
Medical attendant Charles	Sail Causes
Place of death	estres on ,
Proposed date of burial Proposed place of burial	Time Of meeting
Undertaker 1. V.	Address Mentalned
A Certificate of Death having been filed in my office in accordary body of said deceased person as stated above. In the case of death	nce with law, I hereby authorize the removal and burial of the from a dangerous communicable disease, the burial must be
conducted according to the rules of the State Board of Health.	A Co Reed
10 99 3-	Name of Health-Officer or Deputy
Dated 4-20-1955	Address Address
8	(Holder should preserve this Permit)