INDIANA STATE BOARD OF HEALTH

NoPERMIT FOR BURIAL
County Decatur Township Washington City or Town Greensburg
Date of Death July 30th. 19.29.
Decedent's full name Wilber S. Shatto Age 73 yrs
Cause of death Chronic myrocarditis
Medical attendant D.E.Douglas
Place of death I.O.O.F. Home Greensburg, Indiana
Proposed date of hurial Aug. Ist. 10.29
Proposed blace of burial South Bend, Indiana
Medical attendant D.E.Douglas Place of death I.O.O.F.Home Greensburg, Indiana Proposed date of burial Aug. Ist. Proposed place of burial South Bend, Indiana Undertaker Chas. R. Howe Address Greensburg, Indiana Undertaker Open baying been filed in my office in accordance with law. I hereby authorize the removal and burial of the
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.
D.E.Douglas
Name of Health Officer or Deputy
Dated July 31st 1929 Greensburg, Indiana Address
8 (Holder should preserve this Permit)