

INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

**PERMIT FOR BURIAL**

No. ....

County Allen Township ..... City or Town Maize

Decedent's full name Walter M. Hartung Date of Death 3/8/39 19..... Age .....

Cause of death Myocarditis

Medical attendant M. C. C. C.

Place of death .....

Proposed date of burial 3/10/39 19.....

Proposed place of burial Palastine Burial

Undertaker M. C. C. C. Address .....

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 3/10 19 39 Name of Health Officer or Deputy Paul C. C. C.

Address .....

(Holder should preserve this Permit)