INDIANA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

PERMIT FOR BURIAL	
County Korent Township W	City or Town Warrow
Decedent's full name Brie Jan	of Death 28 19.39
Cause of death Of Line	
Medical attendant May a goden M. D. Place of death Place Through	
Proposed date of burial 4/30/39	
Proposed place of burial Communication Communication of burial Communication of the Communica	Ty Korts.
A Certificate of Death having been filed in my office in accordance with law, I hereby authorize the removal and burnal of the body of said deceased person as stated above. In the case of death from a dangerous communicable disease, the burnal must be	
conducted according to the rules of the State Board of Health.	maso. Josen no
Dated 4/29/39 19	Name of Heigh Officer or Deputy
8	Address (Holder should preserve this Permit)