INDIANA STATE BOARD OF HEALTH

117
No. 6 6 7 PERMIT FOR BURIAL
County Hos rinsko Township Harrison City or Town Mentone
County for Landfur Township fandstructey or Town frame
Date of Death (Assil 9 1029
Decedent's full name James M. Tyrner Age 79 Cause of death Regulation to Line Attended Baum Medical attendant Land an Unschel Laft R. Baum Place of death M2 Longeld Hospital
Cause of death Right amplation II Lim Peterse Queter
Medical attendant In Dan Unschel Int. P. Baum
Place of death Me Donald Hospital
Proposed date of burial April 1
Proposed place of burial Palestine Cemetary

Undertaker Z 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.

Name of Health Officer or Deputy

Address

(Holder should preserve this Permit)