

INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

**PERMIT FOR BURIAL**

No. 11

County Kas. Township \_\_\_\_\_ City or Town Warsaw

Date of Death Mar 12 1939

Decedent's full name Searge Slife Age 86

Cause of death Jaundice + Cancer

Medical attendant Dr. Steel

Place of death Clayton

Proposed date of burial Mar 14, 1939 19  

Proposed place of burial Clayton

Undertaker Laverth & Biddy Address Warsaw

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 Mar 14, 1939

Name of Health Officer or Deputy

Address

(Holder should preserve this Permit)