

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PERMIT FOR BURIAL

No. 7

County Kosciusko Township Wayne City or Town _____

Date of Death Oct. 22, 1939

Decedent's full name William C. Brown Age 76

Cause of death Chronic Nephritis

Medical attendant W. Benf. Giders

Place of death Kosciusko Co. Infirmary

Proposed date of burial Oct. 25, 1939

Proposed place of burial Palestine Cemetery

Undertaker Bible Funeral Home Address Warsaw, Ind.

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 Max W. Gerber

Dated Oct. 24, 1939 Address Warsaw, Ind.

Address

d. J. B. (Holder should preserve this Permit)