MA

## INDIANA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

PERMITFOR BURIAL				
County Delaware	Township	City or T	rown	
			er 12, 19 39	
Decedent's full name	Charles C. Und	erhill	Age 71 yrs	
Cause of death		sion		
Medical attendant	Dr. Robert M.B	utterfield, Munci	ie,Indiana	
Place of death	Muncie, Indian	a R.R.#1		
Proposed date of burial				
Proposed place of burial	Palestine, Ind	iana		
Undertaker M. L.	Meeks & Sons	Address	Muncie, Indiana	
A Certificate of Death having bee body of said deceased person as stated conducted according to the rules of th	n filed in my office in accordance above. In the case of death from State Board of Health	e with law, I hereby authori om a dangerous communica	ze the removal and burial of the ble disease, the burial must be	

Dated December 13, 19 39

Shulsh S Milks | Shulsh Name of Health Officer or Deputy
Muncie, Indiana

Address

(Holder should preserve this Permit)