STATE OF INDIANA—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

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PERMIT FOR BURIAL

County Basewsky Township &	ward City or Town Burker		
Date of	of Death, Oful, 30 1937		
Decedent's full name Williams	Welson Huffenang 63-9-5		
Cause of death light upfry	garani "		
Medical attendant Att Seel	L.		
Place of death Buffer			
Proposed date of burial ma	y 2 1927		
Proposed place of byrial Dalishing	of g pf		
Undertaker Gassine	Address Silve Folk		
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.			
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mus 1 -9	Name of Health-Officer of Deputy		
Dated 197	Address		
8	(Holder should preserve this Permit)		