INDIANA STATE BOARD OF HEALTH

No. 669 PERMIT FOR BURIAL
County Horeusko Township Seward City or Town
Date of Death July 25 1939
Decedent's full name Age to Tause of death Ceberal Capoplany - Cartinger Age to T
Medical attendant Res. A. A. Ollection Place of death at his home last of mentione end
Proposed date of burial Andy 27 1999
Undertaker R XI Rud Address Motatons and
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 Line of Health Officer or Deputy Name of Health Officer or Deputy Mentone Cond
Dated Address (Holder should preserve this Permit)