Form V. S. 4

INDIANA STATE BOARD OF HEALTH BÜREAU OF VITAL STATISTICS

No. 678

PERMIT FOR BURIAL

County Joseins Sea Township Ha	mison City or Town Mentane
Decedent's full name Rosella Lewallen Age 85. Cause of death Chronic Mycearditis Hypertension	
Decedent's full name Totella	Jewallen Age 85
Cause of death Chronic Mysears	litis Thypertension
Medical attendant	Machel
Place of death at her home	in Mentone
Probosed date of burial Charl	10.4.0
Proposed place of burial Palestine Cometany	
Undertaker & Steel	Address Mentono end
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 Opril // 1940	Name of Health Officer or Deputy Mintono Address
8	Address (Holder should preserve this Permit)