INDIANA STATE BOARD OF HEALTH BÜREAU OF VITAL STATISTICS

PERMIT FOR BURIAL	
County Township Ta	anklin City or Town Menton Pun
Date of	of Death april 29 1940
Decedent's full name amou L. O.	oran Age 70
Cause of death angines Pictoris	
Medical attendant Sele Jaya	
Place of death Thist mi	ch.
Proposed date of burial 5-1	1940
Proposed place of burial Passertine	Cemetry:
	Address Mentre
A Certificate of Death having been filed in my office in accord	dance with law, I hereby authorize the removal and burial of the h from a dangerous communicable disease, the burial must be
Dated 5-1 1040	Name of Health Officer or Deputy
8	Address (Holder should preserve this Permit)