

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

No. 686**PERMIT FOR BURIAL**County Kosciusko Township Harrison City or Town _____Date of Death Nov. 17 1940Decedent's full name Marilyn Gladys Blackwell Age 5 yr.Cause of death Rheumatic heart disease 15 Month.Medical attendant Dr. C. C. 20th BoiePlace of death At home of Parents, 1 mi west of PalestineProposed date of burial November 19 1940Proposed place of burial Palestine CemeteryUndertaker R. G. Reed Address Mintons chrd

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.

R. G. Reed
Name of Health Officer or Deputy

Dated Nov. 19 1940

Mintons chrd
Address

(Holder should preserve this Permit)