

INDIANA STATE BOARD OF HEALTH.

No. 24

PERMIT FOR BURIAL.

County Kos Township Wayne Town _____

Date of Death 2-17 1940

Decedent's full name Sarah Brown Age 78

Disease causing death Cerebral Embolism

Medical attendant J. R. Baum

Proposed date of burial 2-19 1940

Proposed place of burial Palestine

Undertaker A. W. Johns Address mentone

A Certificate of Death having been filed in my office in accordance with law, I hereby authorize the 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.

A. W. Johns
Name of Health Officer or Deputy.
mentone

Dated 2-19 1940

Address.
(Holder should Preserve this Permit.)