INDIANA STATE BOARD OF HEALTH.

No. Q 8	PERMIT FO	REURIAL	
County Trow.	Township A	arsison	TOWN mentone
Decedent's full name	Rela F	ath 2 -	19 1940 Age 69
Disease causing death Cerebral apoplery			
Medical attendant	7. J. Clul	ter	l .
Proposed date of burial	V 3:-	21	1940
Proposed place of burial Palestine			
Undertaker	Johns	Address	newtone
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.			
3. 9.		Mento of Health	Officer or Deputy.
Dated 2/	1940	J	Address. (Holder should Preserve this Permit.)