STATE OF INDIANA—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

PERMIT FOR BURIAL
County Case Township Clinton City or Town bagana bak
Date of Death Jaguage 20 19 40
Decedent's full name Lalda May Venkey Age 55
Cause of death Asterisaclesois
Medical attendant dly Esther Handcock
Place of death Loggers port State Hospital
Proposed date of burial Alast 2 10 40
Proposed place of buriel A alestine
Undertaker 6. E. Summe Address Sihre Lake chig
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.
6. A. Spohnim D.
Dated Jan 20 1940 Walten Officer or Deputy
Address (Holder should preserve this Permit)