Porm V. S. 4

INDIANA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

BURIAL-IRANSII PERMII	
Full name of deceased Chie &	Kyenos Kuts - Age 26
Place of death Harrison for son	ship In Date of death 4/3/43
Cause of death Mremin	Typ Bushing -
Method of disposal (Whether buyisTrremation, transit, storage, gtg)	(Cemetery or crematory) (City or county) (State)
Funeral director Jan Billy	Address Wusan Inf
V PERMIT	
A certificate of death having been filed as required of the body as above stated.	by the laws of Indiana, permission is hereby given to dispose
Date 7/ 4/ 4	Signature (Health Officer) (Health Officer)
	Address Was known
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW	
Body wason	19in
(Cremated, buried, stored, etc.)	(Cemetery or crematory)
Place	Signature
	(Sexton or person in charge)
This Permit should be endorsed by the Sexton (or Fu	ineral Director where there is no Sexton) and carefully preserved.