## INDIANA STATE BOARD OF HEALTH

| INDIANA STATE BOARD OF HEALTH   |
|---|
| NoPERMIT FOR BURIAL   |
| County Cose Township City or Town areas   |
| Decedent's full name Larow & Smythe Age 43  |
| Cause of death alulas West Disease  |
| Medical attendant of ACmurphy   |
| Place of death Charrison Yourshy  |
|   |
| Proposed date of burial 19  |
| Proposed place of burial for bleshow malana   |
| Undertaker Address Stury  |
| 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.  |
| Name of Health Officer or Deputy  |
| Dated Varsaw Subthum  |
| Address   |
| 8 (Holder should preserve this Permit)  |