INDIANA STATE BOARD OF HEALTH

N. 4
No PERMIT FOR BURIAL
County Kascisto Township & lease City or Town
Date of Death april 0 103
Decedent's full name Thanks Frankland Cinninge 5-9
Cause of death arting & cliosis
Medical attendant D. J. Hury;
Place of death significants west of Situr Julie.
Proposed date of burial april 12
Proposed place of burial Reliation man Burled
Undertaker Ex Summa Address Latur Lufee
A Certificate of Death having been filed in my office in accordance with law I hereby authorize the remaind the interest of the control of th
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.
Ex min
Name of Health Officer or Deputy
Dated Of 1 1 103! Address
Address
8 (Holder should preserve this Permit)