

INDIANA STATE BOARD OF HEALTH

No. 81**PERMIT FOR BURIAL**County Cass

Township _____

City or Town WarsawDate of Death June 20 1931Decedent's full name Loris Maxine WiseAge 5Cause of death Peritonsillitis - appendicitisMedical attendant R. B. ...Place of death Warsaw, IndianaProposed date of burial 6-231931Proposed place of burial P. PalestineUndertaker W. W. JohnsAddress Menton Ind

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.

Dated 6/22/31Name of Health Officer or Deputy E. J. ...Address Warsaw Indiana

(Holder should preserve this Permit)