INDIANA STATE BOARD OF HEALTH

No. PERMIT FOR BURIAL
County 3 with Township He City or Town a free
Date of Death // /2 193/
Decedent's full name Junion Jan Bogas Age 80
Cause of death Chocagain ()
Medical attendant Lv. EO Homen
Place of death Cysian
Proposed date of burial /// 19/3/
Proposed place of burial Palestine
Undertaker C. G. Groger Address Caferon -
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.
_ C.a. lo Islan
Name of Health Officer or Deputy
Dated 11/28 193/ When Address
8 (Holder should preserve this Permit)