INDIANA STATE BOARD OF HEALTH

No 536

PERMIT FOR BURIAL

County Kozenink. Township Havison City or Town mentione &
Date of Death
Decedent's full name fluy R Lilennes Age 6-220
Cause of death Brokeial preumonia
Medical attendant of blutte.
Place of death mentine Incl
Proposed date of burial 3 21 1931
Proposed place of burial Palestrick
Undertaker It & Lames Address mentione and
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. Lo Philhelies Delice
Dated 3/2/ 10.30 Mame of Health Officer for Deputy
Address (Holder should preserve this Permit)