

INDIANA STATE BOARD OF HEALTH

No.....

PERMIT FOR BURIALCounty Allen Township..... City or Town Port WagonDecedent's full name Charles Hartung Date of Death 10-6-28 Age 7Cause of death DiphtheriaMedical attendant W. E. Brown

Place of death.....

Proposed date of burial 10/8/28 19.....Proposed place of burial Palatka CoUndertaker J. M. Lamb Address.....

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 10-8 19 28 Name of Health Officer or Deputy D. B. Bennett

Address.....

(Holder should preserve this Permit)