INDIANA STATE BOARD OF HEALTH

PERMIT FOR REMOVAL AND BURIAL
County Trassled Township Bandor City or Town Bandon
Decedent's full name That of Death Age \$ 5
Cause of death Medical attendant HER LIGHT
Proposed data of hyrial
Proposed place of burial / Aleghue
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. This permit to be delivered to sexting or person in charge of cemetery.
Name of Health Officer of Deputy
Dated 6/3/ 8 (Sexton or person in charge of comotory should preserve this Potrmit)