

INDIANA STATE BOARD OF HEALTH

**PERMIT FOR BURIAL**

No. ....

County St. Joseph Township Portage City or Town South Bend

Date of Death MAR 16 1926 19  

Decedent's full name George W. ... Age 70

Cause of death ...

Medical attendant ...

Place of death ...

Proposed date of burial MAR 17 1926 19  

Proposed place of burial ...

Undertaker ... Address SOUTH BEND, 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.

Name of Health Officer or Deputy

SOUTH BEND, IND.

Address

(Holder should preserve this Permit)

Dated MAR 18 1926 19