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Form V. S. 4

INDIANA STATE BOARD OF HEALTH

inchi.	BUREAU OF	VIIAL SIAIISII	Co	0
	A BURIAL-TI	RANSIT PER	MIT	o
	//	10 +		93-0-1
Full name of deceased	crome all	es cagly		Age
Place of death / las	cuisto.	and.	Date of death	an 11-45
riace of death	ty fr gounty)	(State)	Date of death of	
Cause of death Ow	luma:			11
Method of disposal G	usial.	Cemetus	Kastenas	w Chid.
(Whether burish cressed	tion, transit, storage, etc.)	(Cemetery or crematory	(City or coun	(State)
Funeral director.	Cumme	Address	Jehn for	
	F	PERMIT	1	
A certificate of death having of the body as above stated.	been filed as required l	by the laws of India	na, permission is here	by given to dispose
of the body as above stated.	-115		Melen	
Date 1 m 13-	7	Signature	(Health Office	0
0		/	chen Is	12
,		Address		
CEMETERY	OR CREMATORY AUT	HORITY SHALL F	ILL OUT SPACE BEI	.ow
Body was		19	in	
(Cremated, buried,	stored, etc.)			or crematory)
Place		Signature	(Sexton or person in	charge)
This Permit should be end	orsed by the Sexton (or Fu	neral Director where sh	ere is no Sexton) and care	fully preserved.