

STATE OF INDIANA—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

## PERMIT FOR BURIAL

No. 80

County Kos Township Franklin City or Town

Date of Death 6-15-1936

Decedent's full name Samuel Good Age 81

Cause of death Cerebral Sclerosis

Medical attendant J. C. Clutter

Place of death Franklin twp

Proposed date of burial 6-17-1936

Proposed place of burial Palestine

Undertaker H. J. Jones Address Mentone

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 6-17-1936

H. J. Jones  
Name of Health Officer or Deputy

Address

(Holder should preserve this Permit)