

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

No. ....

**PERMIT FOR BURIAL**

County Delaware Township Center City or Town Muncie

Date of Death Dec. 25 1936

Decedent's full name Isabel Cox Age 65

Cause of death Bronchial Pneumonia

Medical attendant E. Laine Plaskamp

Place of death 1603 S. Sharkey

Proposed date of burial Dec 28 1936

Proposed place of burial Palatka Indiana

Undertaker M. L. Mueser Sons Address Muncie

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.

Dr. J. F. Robinson by D. S.  
Name of Health Officer or Deputy

Dated Dec. 26 1936

Muncie  
Address

(Holder should preserve this Permit)