STATE OF INDIANA—DIVISION OF PUBLIC HEALTH

BUREAU OF VITAL STATISTICS
PERMIT FOR BURIAL
Il Was
County Kara Township City or Town
Date of Death June 17 10%
Decedent's full named down Mudeflell Age 62
Cause of death Obstruction pylanis stamush
Medical attendant RBound
Place of death Wascuw I
Proposed date of burial 6-19-36
Proposed place of burial alestin 2
Undertaker Lanks & / Lucina Address barsaw 2 d
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.
OHRIN
Name of Health Officer or Deputy
Dated My 194 Marsaw &
Address (Holder should preserve this Permit)
(notice should preserve this Permit)