

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

No. 113

**PERMIT FOR BURIAL**County Rose Township \_\_\_\_\_ City or Town WarsawDecedent's full name David Lynn Cutler Date of Death September 36 1936 Age 60Cause of death Cerebral HemorrhageMedical attendant Dr. RicheyPlace of death Wayne TownshipProposed date of burial 9-28-36Proposed place of burial Palatine IndianaUndertaker Kelly Funeral Home Address Warsaw 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.

Dated 9-28-36 1936

Dr. Richey  
Name of Health Officer or Deputy

Warsaw Indiana  
Address

(Holder should preserve this Permit)