

TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

PERMANENT RECORD

FILED MAY 22 1981

How far from office of

Artesian Wells Plat J. & S #52-56-13, 4, 5, 6, 8, 10, 11, #52-55-13

Disposition Permit Issued / Provisional Certificate Yes No

EMBALMER'S NAME Robert P. Geisen LICENSE No. 32

FUNERAL DIRECTOR'S SIGNATURE [Signature] LICENSE No. 366

FUNERAL HOME No. 125

Local No.

10448 + 3028

1480-28

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

1243

DECEASED-NAME JOSEPH F. ZAHORA SEX MALE DATE OF DEATH NOVEMBER 20, 1978. Includes fields for birth, residence, occupation, and cause of death.

SBH 06-003 REV. 10/77