I-8.1

rtment of Health & Social Services
Records—Form No. D VS—11
Chap 69, Wis Stats

PERMIT FOR DISPOSITION OF DEAD HUMAI
(Burial-Transit Permit)

First	Middle	Last	SEX	RAC
Carl	—	Ihnen	Male	Wh

Month	Day	Year	CAUSE OF DEATH: (Completion not necessary for Wisconsin Disposition)
March	6,	1983	Cardio pulmonary Failure & I

(Name of Medical Facility, Institution or Residence Street Address) — City, Village or Town

St. Luke's Hospital — MILWAUKEE

SS OF CTOR: Brett J. K. — MILWAUKEE — WIS

POSITION

Only One: [X] Burial [ ] Cremation [ ] Entombment [ ] Transit [ ] Scientific Use [ ] _____

SS: Woodlawn Cemetery, ~~MILWAUKEE~~ Vermontville, ~~WISC~~

OR DISENTOMBMENT HORIZED FROM: — AND AU DISPOS

(Name and Address of Cemetery or Mausoleum)

used as a disinterment permit, the City Health Officer must sign below.

uneral director or person acting as such, after properly completing and filing a certificate of death in accordance with state statutes, is hereby granted permission fo bove.

DDRESS TRAR CER: C Jarvis MD. — MILWAUKEE — MILWAUKEE

(Signature) (Title) (City) (County)