

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Form V. S. 4



INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 707

Full name of deceased Basella Meredith Shumaker Age 31  
 Place of death Passaic Co. Indiana Date of death Nov. 13, 1944  
 (City or County) (State)  
 Cause of death Sarcoma in right inguinal region, Internal obstetric  
 Method of disposal Burial Valentine Passaic Co. Ind.  
 (Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)  
 Funeral director Robert G. Reed Address Montone, Ind.

PERMIT

A certificate of death having been filed as required by the laws of Indiana, permission is hereby given to dispose of the body as above stated.

Date Nov. 16, 1944

Signature Robert G. Reed  
 (Secretary Health Officer)  
 Address Montone, Ind.

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was \_\_\_\_\_ on \_\_\_\_\_ 19 \_\_\_\_\_ in \_\_\_\_\_  
 (Cremated, buried, stored, etc.) (Cemetery or crematory)

Place \_\_\_\_\_ Signature \_\_\_\_\_  
 (Sexton or person in charge)

This Permit should be endorsed by the Sexton (or Funeral Director where there is no Sexton) and carefully preserved.