

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 9

Full name of deceased *Margaret Alice Dummuck* Age *82*

Place of death *Huntington Ind* Date of death *Nov 10-44*
(City or County) (State)

Cause of death *Cerebral Thromboses*

Method of disposal *Burial* *Calestine Kosciusko Ind*
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)

Funeral director *Dallas F. Hobbs* Address *Huntington 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 _____ Signature *[Signature]*
(Health Officer)

Address _____

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)