

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 2

Full name of deceased Carson Widener Age 92-9-15
 Place of death Silver Lake (City or County) Clay (State) Date of death April 30-44
 Cause of death Myocarditis
 Method of disposal Burial (Whether burial, cremation, transit, storage, etc.) Palatine Cemetery (Cemetery or crematory) Silver Lake Ind. (City or county) (State)
 Funeral director G. Sumner Address Silver Lake

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 May 1/44 Signature G. Sumner (Health Officer)
 Address Silver Lake

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)