

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

1944

BURIAL-TRANSIT PERMIT

No. 1030

Full name of deceased Lucinda Hosier Age 80
 Place of death Gary Lake Ind. Date of death Dec. 17
(City or County) (State)
 Cause of death Chronic myocarditis
 Method of disposal burial Palentine Ind.
(Whether burial cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Wms + Burns Address Gary

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 Dec 19, 1944

Signature A. F. Guepline
(Health Officer) M.D.

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)

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