

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 175

Full name of deceased Mabel Luella Cochran Age 57
Place of death Elkhart Ind. Date of death 6-14-44
(City or County) (State)
Cause of death Uremia
Method of disposal Burial Palistene Palistene Ind.
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
Funeral director Charles Walley Address Elkhart Indiana

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 6-15-44 Signature I. J. Merkel M.D.
(Health Officer)
Address Elkhart Indiana

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.