

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS



BURIAL-TRANSIT PERMIT

No. ....

Full name of deceased Franklin Shively Age 83  
 Place of death Kosciusko Co. Indiana Date of death 17 July 1948  
(City or County) (State)  
 Cause of death Myocarditis due to Hepatitis  
 Method of disposal Burial Palentine Kosciusko Ind.  
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)  
 Funeral director Bibler Address Warsaw

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 20 July 1948 Signature T. S. Schudt, M.D.  
(Health Officer)  
 Address Pierceton

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.