

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

No. ....

**BURIAL-TRANSIT PERMIT**

Full name of deceased Laura Paxton Age 82  
 Place of death Kosciusko Indiana Date of death Apr 14/48  
(City or County) (State)  
 Cause of death Heart Disease Aggravated by Influenza  
 Method of disposal Burial Palestine Kosciusko Ind  
(Whether burial cremation, trans., storage, etc.) (Cemetery or crematory) (City or county) (State)  
 Funeral director Meyer + Siefert Address Osborn, 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 Apr 17/48 Signature D. T. S. Scheldt  
(Health Officer)  
 Address Perreton, 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.