



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 16

Full name of deceased George Matthew Alexander Age 80
 Place of death Kosciusko Co. Indiana Date of death Jan. 1, 1948
 (City or County) (State)
 Cause of death Uremic Coma
 Method of disposal Burial Palestine Kosciusko Ind.
 (Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Bethel Funeral Home Address Warsaw, 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 Jan. 6, 1948 Signature C. C. DeBos
 (Health Officer)
 Address Warsaw Ind.

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.