

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Form V. S. 4

1931

INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

**BURIAL-TRANSIT PERMIT**

No. 847-3-12

Full name of deceased Eva Miriam Sands. Age       
 Place of death McDonnell Hosp. Ind. Date of death April 20-48  
(City or County) (State)  
 Cause of death Chronic myocarditis  
 Method of disposal Buried Cemetery Passumpsco Ind.  
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)  
 Funeral director E. E. Sumner Address Silver Lake Ind.

**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 April 23-48Signature E. E. Sumner(Health Officer)Address Silver Lake 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.