

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No.

Full name of deceased Baby Jones Age Stillborn

Place of death Kosciusko Date of death 2-14-48
(City or County) (State)

Cause of death Still Born

Method of disposal burial Palestine Kos. Ind.
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or County) (State)

Funeral director Chauncey C. Tucker Address Claypool, 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 2/16/48

Signature Chas. W. Tucker
(Health Officer)

Address Claypool, 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.