

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 5-5-3

Full name of deceased Daniel Andrew Rober Age 88
 Place of death So. Bond Ind Date of death 7-16-42
 (City or County) (State)
 Cause of death Cerebral Hemorrhage
 Method of disposal Burial (Whether burial, cremation, transit, storage, etc.)
Palestine Ind. (Cemetery or crematory) (City or county) (State)
 Funeral director L. H. Owen Address So. Bond 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 _____ Signature _____
 (Health Officer)
 Address _____

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)