

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 699

Full name of deceased Alonzo S Smith Age 62  
 Place of death Kos Ind Date of death Jan 29-42  
(City or County) (State)  
 Cause of death Coronary Thrombosis  
 Method of disposal Burial Palestine Kos Ind  
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)  
 Funeral director R G Reed Address Mentone 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 Jan 30-42 Signature R G Reed  
(Health Officer) Deputy  
 Address Mentone 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)