

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Form V. S. 4

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 40

Full name of deceased Herman Melvin Fear Age 38
 Place of death Warsaw Ind (City or County) (State) Date of death 5-28-42
 Cause of death Endocarditis - acute due to acute
 Method of disposal Burial (Whether burial, cremation, transit, storage, etc.) Palestine (Cemetery or crematory) Palestine (City or county) Ind (State)
 Funeral director P. J. 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 5-28-42 Signature J. H. Johnson, M.D. (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.