

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 690

Full name of deceased Lemuel L Woods Age 70

Place of death Hoosier (City or County) Ind (State) Date of death March 31-41

Cause of death Shot gun wound of neck Suicide

Method of disposal Burial (Whether burial, cremation, transit, storage, etc.) Palestine (Cemetery or crematory) Hoosier Ind (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 April 3 - 41

Signature R G Reed (Health Officer)

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)

This Permit should be endorsed by the Sexton (or Funeral Director where there is no Sexton) and carefully preserved.