

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No.

Full name of deceased Ellis Burkett Age

Place of death Rockets Ind Date of death 4-4-41
(City or County) (State)

Cause of death Carcinoma of colon

Method of disposal Burial Cemetery Silver Lake Ind
(Whether burial cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)

Funeral director Address

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 4-4-41 Signature C. L. Richards
(Health Officer)

Address Rockets

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)