


 INDIANA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT
No. 45

Full name of deceased Jacob Baughman Age 95
 Place of death Kosciusko Co. Home Indiana Date of death 5-12-41
(City or County) (State)
 Cause of death Uremia + Fractured hip
 Method of disposal Burial Pelestine cemetery Palestine Ind.
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Paul Landis Address Karsaw, Indiana

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 5-12-41
 Signature H. H. Sellemmer M.D.
M. K. (Health Officer)
Address Karsaw, Indiana
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.

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION