



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 3

Full name of deceased William Franklin Boggs Age 68
 Place of death Wassaw Indians Date of death 1-6-41
 (City or County) (State)
 Cause of death Cerebral hemorrhage
 Method of disposal Burial Palestine Cemetery Palestine, Ind.
 (Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Kelly F. Home Address Wassaw, 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 January 8, 1941

Signature G. H. Schlemmer M.D.
 (Health Officer)

Address Wassaw, 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.