Form	V.	s.	4

INDIANA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

BURIAL-TI	RANSIT PERMIT No		
Full name of deceased Deansley	Sarker Age 86		
Place of death 13 Washner Terry	Ind Date of death Del 25, 194		
Cause of death Seule Mysoa	elite's		
Method of disposal Geral Fales	oline In brosuskie Ind		
(Whether by ial comation transit, storage, etc.) Funeral director	(Cemetery overemators) (City or county) (State) Address		
PERMIT			
A certificate of death having been filed as required having been filed having been f	by the laws of Indiana permission is hereby given to dispos		
Date 1 2 17 1940	Signature CM Drynny		
	Address (Health Offer)		
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW			
Body wason	19in		
(Cremated, buried, stored, etc.)	(Cometery or crematory)		
Place	Signature (Sexton or person in charge)		
This Permit should be endorsed by the Sexton (or Fu	ineral Director where there is no Sexton) and carefully preserved.		