

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No.

Full name of deceased Horace Rickel Age 63

Place of death Kosciusko Ind Date of death Feb 17 40
(City or County) (State)

Cause of death Myocarditis

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

Funeral director Charles W. Myers Address Indianapolis

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 Feb 19/40

Signature W. C. Keenan
(Health Officer)

Address 17 E. Madison
Indianapolis

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)