

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No.

Full name of deceased Lyman J. Dunning Age 75

Place of death Warren Co. Ind Date of death 5-12-1940
(City or County) (State)

Cause of death Basilar Skull Fracture

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

Funeral director Kelly Funeral Home Address Warren Ind.

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 5-20-1940

Signature R. L. Kelly
(Health Officer)

Address Warren Ind.

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.