

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 17

Full name of deceased Wm Chester Horn Age 64
 Place of death Kassaw Indiana Date of death 3-20-40
 (City or County) (State)
 Cause of death Bronchopneumonia
 Method of disposal Burial Palestine Cemetery Kassaw, Indiana
 (Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Kelly Funeral Home Address Kassaw, 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 March 23, 1940
 Signature H. H. Schlemmer
 (Health Officer)
 Address M. F. K. Kassaw, 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)