

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Form V. S. 4

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 698

Full name of deceased Harmon L. Hill Age 72
 Place of death Kos. Ind. Date of death Oct 3-43
(City or County) (State)
 Cause of death Myocarditis 10 yrs.
 Method of disposal Burial Palestine Kos. Ind.
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director G. H. Reed Address Mentone 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 Oct 1-43 Signature G. H. Reed
Dep. (Health Officer)
 Address Mentone, 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.