

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 1

Full name of deceased Rosa Bell Kelley Age 72

Place of death Mentone Ind Date of death 1-17-43
(City or County) (State)

Cause of death Cerebral apoplexy

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

Funeral director A. W. Johns 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 1-19-1943

Signature A. W. Johns
(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)