

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No.

Full name of deceased Loretta Pearl Horn Age 64

Place of death Fort Wayne Indiana Date of death 1/14/43
(City or County) (State)

Cause of death inquest pending

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

Funeral director Robert Klaehn & Sons Address 420 W. Wayne, Ft. Wayne, 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 January 16, 1943

[Handwritten Signature]
Signature
(Health Officer)
Address

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.