

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Form V. S. 4

10001

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 50

Full name of deceased Henry Tobias Slife Age 82
 Place of death Wascinko (City or County) Indiana (State) Date of death Dec 2, 43
 Cause of death Complications
 Method of disposal Burial (Whether burial, cremation, transit, storage, etc.) Palentine (Cemetery or crematory) W. Co. (City or county) Ind. (State)
 Funeral director Charles W. Tucker Address Clayport, 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 December 5 Signature Char. W. Tucker (Health Officer)
 Address Clayport, 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.