



INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 56

Full name of deceased Clem D Jones Age 77  
 Place of death Burket Ind Date of death Apr 18  
(City or County) (State)  
 Cause of death Myocarditis  
 Method of disposal Burial Palestine Hasenoko Ind  
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)  
 Funeral director Chas W Tucker Address Claypool 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 Apr 20

Signature Chas W Tucker  
(Health Officer)

Address Claypool 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)