

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS



BURIAL-TRANSIT PERMIT

No.

Full name of deceased *James Frederick Schenck* Age *77*

Place of death *Hoansport State Hosp. Ind.* Date of death *Apr. 28, 1947*
(City or County) (State)

Cause of death *Cerebral apoplexy, auricular fibrillation*

Method of disposal *Interment* *Salustius Cemetery Palestine Ind.*
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)

Funeral director *Marland W. W. W. W.* Address *Wabash, 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 *4-30-47*

Signature *[Signature]*
(Health Officer)

Address *Hoansport*

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.