

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. ....

Full name of deceased Delbert Black Age 80

Place of death Perseton Rural Kos. Co. Indiana Date of death Dec 31, 1947  
(City or County) (State)

Cause of death Urinary Poisoning

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

Funeral director Paul Landis Address W. Wood Indiana

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 ..... Signature J S S chuldt MD  
(Health Officer)

Address Perseton 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.