



INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

**BURIAL-TRANSIT PERMIT**

No. 19

Full name of deceased Mary Study Age 86  
 Place of death Ossian Indiana Date of death July 5, 1947  
(City or County) (State)  
 Cause of death Cachexia  
 Method of disposal Burial Palestine Cem. Palestine, Ind.  
(Whether burial cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)  
 Funeral director A. S. Elzey and Son Address Ossian, 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 July 5, 1947

Signature M. A. Davidoff, M.D.  
(Health Officer)

Address Ossian, Indiana

**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)