

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 18

Full name of deceased Chas. Fremont Epler Age 79  
 Place of death Tippecanoe Ind. Date of death 9-30-46  
(City or County) (State)  
 Cause of death Carcinoma of Rectum  
 Method of disposal Burial union Kosciusko Ind.  
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)  
 Funeral director H. V. Johns Address Mentone 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 10-2-46 Signature H. V. Johns  
(Health Officer)  
 Address Mentone 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)