

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No.

Full name of deceased Mary O. Tarber Age 90
 Place of death Peru, Indiana Date of death April 1/46
(City or County) (State)
 Cause of death Cardio Vascular Disease
 Method of disposal Burial Palatine, Tasciaska, Indiana
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Paul M. Kelly Address Warsaw, 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 April 3/46 Signature Dr. John E. Carling
(Health Officer) per M.H.
 Address Peru, 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)