

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Form V. S. 4

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No.

Full name of deceased Herman A. Leighty Age 80

Place of death Kosciusko Ind. Date of death 10-12-'46
(City or County) (State)

Cause of death Infected Prostate

Method of disposal Burial Paletine Paletine Ind.
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)

Funeral director Bible Jan. Inc. 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 10-15-'46

Signature J. S. Schubert, M.D.
(Health Officer)

Address Perceptron, 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.