

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 1031

Full name of deceased Martin Garter Age 82
 Place of death 702 S. Birch St. Bend, Ind. Date of death 12-12-45
 (City or County) (State)
 Cause of death Coronary Thrombosis
 Method of disposal burial Palestine Buryer Ind.
 (Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director F. G. Hay Address 1201 S. Mich. Bend, 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 12-14, 45 Signature [Signature]
 (Health Officer)

Address _____

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)