

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No.

Full name of deceased Louise Loren Fittos Age 12

Place of death Kosmos R. Ind (City or County) Date of death Dec 7/45 (State)

Cause of death Pneumonia

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

Funeral director Charles M. Meyer Address AKua 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

Signature W. S. Schult (Health Officer)

Address Palestine Ind

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW CM

Body was on 19..... in (Cremated, buried, stored, etc.) (Cemetery or crematory)

Place Signature (Sexton or person in charge)