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INDIANA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS							
BURIAL-TRANSIT PERMIT No.							
Harry 91 00 to 57-6	218						
Full name of deceased, A way Laboury Chica Age.							
Place of death Mastursko . Ind . Date of death april 26-	45						
Cause of death Myscardites.	21						
Method of disposal Burial . Complete Co	d-						
Funeral director & Education Address Jehn Lufte							
PERMIT							
A certificate of death having been filed as required by the laws of Indiana permission is hereby given to di	spose						
Date april 27/40 Signature Extreme							

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body	was	on	19	in
	(Cremated, buried, stored, etc.)			(Cometery or crematory)
Place		Signatu	ire	

This Permit should be endorsed by the Sexton (or Funeral Director where there is no Sexton) and carefully preserved.

(Sexton or person in charge)