

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No.

Full name of deceased Mary M Walters Age 72
 Place of death Kosciusko Co Ind Date of death Mar 25-1943
 (City or County) (State)
 Cause of death Typhoid
 Method of disposal Burial Palestine Kosciusko Ind
 (Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Chas W Tucker Address Clayport 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 Mar 27 - 43

Signature Chas W Tucker
(Health Officer)

Address Clayport Ind

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was _____ on _____ 19 _____ in Palestine
 (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.