



INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 7

Full name of deceased Infant Wagner Age \_\_\_\_\_  
 Place of death Kosciusko Ind Date of death 4-4-44  
 (City or County) (State)  
 Cause of death Still Born  
 Method of disposal Burial Palestine Kosciusko Ind  
 (Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)  
 Funeral director H. W. Johns Address Mentone 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 4-4-44 Signature H. W. Johns  
 (Health Officer)  
 Address Mentone 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.