

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No.

Full name of deceased Esthella Hall Age 89
 Place of death Kosciusko R.D. Ind Date of death Sept 17/49
 (City or County) (State)
 Cause of death Hypostatic Pneumonia
 Method of disposal Burial Palatka Kosciusko Ind
 (Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Charles Meyer Address Albion 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. E. Johnston
 (Health Officer)
 Address Rochester Ind

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was x on Sept 19 19 49 in x
 (Cremated, buried, stored, etc.) (Cemetery or crematory)
 Place Palatka Signature J. W. Fisher
 (Sexton or person in charge)

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