

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS



BURIAL-TRANSIT PERMIT

No. 54

Full name of deceased David Frank Kenagy Age 84

Place of death Kenagy Home Ind Date of death Mch 6, 44
(City or County) (State)

Cause of death M Mocarditis

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

Funeral director Chas W Tucker Address Claypool 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 Mch 10

Signature Chas W. Tucker
(Health Officer)

Address Claypool 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)